

CLOSED

JUNE 4, 2020

CITY OF HAVRE BURN SITE

CLASS III BURN SITE

SOLID WASTE LICENSE #392

HILL COUNTY

OPEN NEW FILE / SUB-FILE FORM

SOLID WASTE PROGRAM

Requestor's name: Andrea Staley Date: _____

Facility Name: _____

County: _____ License # of facility: _____

File Category:

☐	Closure / Post-Closure
☐	Financial Assurance
☐	Ground Water Corrective Measures
☐	Ground Water Monitoring
☐	Ground Water Reports
☐	Inspections
☐	Landfarm (within landfill)
☐	Liner/Leachate Design
☐	Methane Monitoring
☐	Methane Remediation
☐	Operation & Maintenance Plan
☐	Run-on/Run-off
☒	Change in Status (Closed, Withdrawn, Etc.) <u>6/4/2020</u>
☐	Other:

Miscellaneous Files

☐ Household Hazardous Waste	☐ Source Reduction and Recycling
☐ Legislative	☐ State Plan
☐ Solid Waste General	☐ (Integrated Waste Management Act)



WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

MAILED
AS 6/20/19

**STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
LICENSE RENEWAL CERTIFICATE**

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

**CITY OF HAVRE BURN SITE
MINOR CLASS III BURN SITE**
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT
1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY
FOR THE PERIOD

JULY 1, 2019 TO JUNE 30, 2020

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 16, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE AND MUST BE RENEWED ANNUALLY.
A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2020.

FY20 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION

(July 1, 2019 through June 30, 2020)

SECTION I – GENERAL FACILITY INFORMATION

(please cross out errors and provide corrected information)

License No.: **392** Facility Name: *City of Havre Burn Site*

Category/Class/Type: *Minor Class III Facility*

Service Area: *City of Havre*

Facility Address: *1705 Sheppard Road North; Hill County, Havre, MT 59501*

Facility Owner/Licensee: *City of Havre*

Facility Contact: *David Peterson*

Facility Contact Title: *Director of Public Works*

Facility Contact Address: *PO Box 231; Havre, MT 59501*

Facility Contact Email: *dpeterson@ci.havre.mt.us*

Facility Contact Phone: *406/265-4941*

Facility Contact Fax: *406/262-9459*

RECEIVED

FEB 11 2019

DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

SECTION II – ANNUAL TONNAGE and WASTE MANAGEMENT INFORMATION

(Please complete each applicable item for your facility)

* (Remember to attach copies of the tonnage records - monthly summaries are acceptable)

II.1: LANDFILLS

II.1.a. For landfills that **OPERATE SCALES**, provide your annual tonnage received during calendar year 2018 based on scale records

_____ Tons

II.1.a.i. How many tons received were landfilled: _____ Tons

II.1.a.ii. How many tons received were diverted: _____ Tons

II.1.a.ii.1. How were wastes diverted?

Composted? _____ Tons

Disposal by Open Burning? _____
(specify tons or cubic yards)

Off-site recycling _____ Tons

Other (please specify) _____ Tons

- II.1.b. For landfills that **DO NOT OPERATE SCALES**, provide your **annual volume** received during **calendar year 2018** based on waste records

Conversion from Cubic Yards to Tons of MUNICIPAL SOLID WASTES (MSW):

_____ #Compacted Cubic Yards of MSW #Cubic Yards x 700 ÷ 2000 = _____ Tons
(e.g. packer truck)

_____ #Uncompacted Cubic Yards of MSW #Cubic Yards x 300 ÷ 2000 = _____ Tons

Conversion from Cubic Yards to Tons of LOOSE WOOD WASTES:

20 #Cubic Yards of Loose Wood Wastes # Cubic Yards x 300 ÷ 2000 = 3 Tons

Conversion from Cubic Yards to Tons of CONCRETE WASTES:

_____ #Cubic Yards of Concrete Wastes # Cubic Yards x 860 ÷ 2000 = _____ Tons

Conversion from Cubic Yards to Tons of CONTAMINATED SOIL:

_____ #Cubic Yards of Contaminated Soil # Cubic Yards x 920 ÷ 2000 = _____ Tons

- II.1.c. Do you accept **out-of-state** waste for disposal? Yes ☐ No ☐ (If yes, complete section II.6.)

II.2. TIRE-ONLY FACILITIES:

Number of tires accepted from **out-of-state** during 2018 (i.e., imported)..... _____

Number of tires accepted during 2018, **including imported**, for disposal..... _____

Number of tires accepted during 2018, **including imported**, for storage..... _____

Reason for Storage: _____

Number of tires accepted during 2018, including imported, for recycling..... _____

Disposal fee per tire \$ _____

II.3. COMPOSTING OPERATIONS

II.3.a. Has the design capacity of your facility changed in the last year? Yes ☐ No ☒

II.3.b. What is the composting method used? _____

II.3.c. What is the total volume and/or tonnage present on-site as of December 31, 2018?

_____ Cubic Yards _____ Tons

II.3.d. Provide information on the types of materials composted and the volume of compost produced:

FEEDSTOCK	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE OF COMPOST PRODUCED

II.4. TRANSFER STATION

II.4.a. Do you landfill wastes on-site? Yes ☐ No ☒

(If yes, please complete Section II.1.a. or II.1.b. as applicable)

II.4.b. Where are wastes received at Transfer Station sent for disposal?

II.5. SOIL TREATMENT FACILITY – LANDFARMS

II.5.a. Provide the total amount of contaminated soil accepted at the facility for treatment during calendar year 2018.

_____ Tons or Cubic Yards *(please specify)*

II.5.b. Provide the total amount of contaminated soil under treatment as of December 31, 2018.

_____ Tons or Cubic Yards *(please specify)*

II.5.c. Have you submitted your annual report to DEQ? Yes ☐ No ☐

(If not, please attach it to this form)

II.5.d. Do you accept contaminated soils for treatment that were generated outside of Montana.

Yes ☐ No ☐

II.5.d.i. If so, were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

II.5.d.ii. If you accepted out of state wastes, during calendar year 2018, what was the total amount accepted?

_____ Tons or Cubic Yards *(please specify)*

II.5.d.iii. Where was the out-of-state waste generated? *(Use additional sheets if necessary)*

City

State

County

II.6. IMPORTED WASTES

II.6.a. Do you accept wastes generated outside of Montana? Yes ☐ No ☒

II.6.b. If so, were quarterly imported waste fees submitted to the DEQ? Yes ☐ No ☐

II.6.c. If you accepted out of state wastes during calendar year 2018, what was the total tonnage accepted?

II.6.d. Where was the out-of-state waste generated? _____ Tons
(Use additional sheets if necessary)

City State County

City State County

City State County

SECTION III - FINANCIAL ASSURANCE REQUIREMENTS

III.1. Are you required to maintain FA? Yes ☐ No ☒ (If not, skip to the next section)

III.2. If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the required annual updates to the FA cost estimates (per ARM 17.540) are due by **April 1, 2019**.
*The inflation multiplier for the current year update is **1.0110**.*

III.2.a. Have the annual cost estimates update been completed? Yes ☐ No ☐

III.2.b. Have the updated cost estimates been submitted to DEQ? Yes ☐ No ☐

III.2.b.i. If not, by what date will you submit the updated cost estimates? _____
(Required)

SECTION IV - MISCELLANEOUS INFORMATION

DEQ is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the DEQ from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list?
Yes ☐ No ☒

***You will be receiving an email by February 6, 2019 to report 2018 recycling numbers. ***

SECTION VI - CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

(An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here: _____

DAVID PETERSON

Title: _____

PUBLIC WORKS DIRECTOR

Date: _____

2/11/19

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FEB 11 2019

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

Nelsen, Sara

From: Dave Peterson <dpeterson@ci.havre.mt.us>
Sent: Monday, February 11, 2019 11:00 AM
To: DEQ SW Program
Subject: Annual Solid Waste Management System License Renewal 2020
Attachments: Document_20190211_0001.pdf

CAUTION: This email message may contain an unsafe attachment.

We scan email attachments for malicious software to protect your computer and the State's network. If we determine that an attachment is unsafe, then we block it and you will only see an attachment called 'Unsupported File Types Alert.txt'. If we cannot scan an attachment, then we provide this warning that the attachment may be unsafe and advise you to verify the sender before opening the attachment. If you don't see a file attached to this message, it doesn't mean that we blocked it, some email signatures contain image files that we cannot scan.

Please contact your agency IT staff for more information.

Andrea,

Attached is a copy of the City of Havre's Annual Solid Waste Renewal Application for our Minor Class III Facility.

If you need any additional information from the City please let me know

Thanks

Dave Peterson

Public Works Director

City of Havre

406 265-4941



RECEIVED

FEB 11 2019

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
DATE: [illegible]

[illegible text block]

[illegible text block]

RECEIVED
[illegible text]

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FEB 1 1 2019
Dept. of Public Quality
Waste & Underground
Tone Management Bureau





WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

MAILED
15 6/12/18

**STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
LICENSE RENEWAL CERTIFICATE**

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

**CITY OF HAVRE BURN SITE
MINOR CLASS III BURN SITE**
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2018 TO JUNE 30, 2019

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 17, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

**THIS CERTIFICATE IS NOT TRANSFERABLE AND MUST BE RENEWED ANNUALLY.
A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2019.**

July 1, 2018 through June 30, 2019

City of Havre Burn Site – Minor Class III Burn Site
License #392

Total Fees Due: \$ 605.20

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2019**

4th Quarter Payment
April 2019 to June 2019
Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 495602, Acct #506032: 150.00
Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 4th
quarter payment

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2019**

3rd Quarter Payment
January 2019 to March 2019
Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 495602, Acct #506032: 150.00
Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 3rd
quarter payment

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2018**

2nd Quarter Payment
October 2018 to Dec 2018
Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 495602, Acct #506032: 150.00
Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 2nd
quarter payment

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2018**

1st Quarter Payment
July 2018 to September 2018
Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 495602, Acct #506032: 150.00
Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 1st
quarter payment



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FEB 05 2018

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE SECTION
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

FY19 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION

(July 1, 2018 through June 30, 2019)

SECTION I - GENERAL FACILITY INFORMATION

License No.: 392 Facility Name: City of Havre Burn Site

Category/Class/Type: Minor Class III Facility

Service Area: City of Havre

Facility Address: 1705 Sheppard Road North, Hill County, MT

Facility Owner/Licensee: City of Havre

Facility Contact: Dave Peterson

Facility Contact Title: Public Works Director

Facility Contact Address: PO Box 231, Havre, MT 59501

Facility Contact Email: dpeterson@ci.havre.mt.us

Facility Contact Phone: 406 265-4941

Facility Contact Fax: 406 262-9459

SECTION II - ANNUAL TONNAGE and WASTE MANAGEMENT INFORMATION

(Please complete each applicable item for your facility)

* (Remember to attach copies of the 2017 tonnage records - monthly summaries are acceptable)

II.1: LANDFILLS

II.1.a. For landfills that **OPERATE SCALES**, provide your **annual tonnage received during calendar year 2017** based on scale records

_____ Tons

II.1.a.i. How many tons received were landfilled: _____ Tons

II.1.a.ii. How many tons received were diverted: _____ Tons
(Complete Section V - Waste Diversion)

II.1.a.ii.1. How were wastes from section II.1.a.ii. (above) diverted?

Composted? _____ Tons

Disposal by Open Burning? _____
(specify tons or cubic yards)

Off-site recycling _____ Tons

Other (please specify) _____ Tons

II.1.b. For landfills that **DO NOT OPERATE SCALES**, provide your **annual volume received during calendar year 2017** based on waste records

Conversion from Cubic Yards to Tons of MUNICIPAL SOLID WASTES (MSW):

_____ #**Compacted** Cubic Yards of MSW #Cubic Yards x 700 ÷ 2000 = _____ Tons
(e.g. packer truck)

_____ #**Uncompacted** Cubic Yards of MSW #Cubic Yards x 300 ÷ 2000 = _____ Tons

Conversion from Cubic Yards to Tons of LOOSE WOOD WASTES:

50 #Cubic Yards of Loose Wood Wastes # Cubic Yards x 300 ÷ 2000 = 7.5 Tons

Conversion from Cubic Yards to Tons of CONCRETE WASTES:

_____ #Cubic Yards of Concrete Wastes # Cubic Yards x 860 ÷ 2000 = _____ Tons

Conversion from Cubic Yards to Tons of CONTAMINATED SOIL:

_____ #Cubic Yards of Contaminated Soil # Cubic Yards x 920 ÷ 2000 = _____ Tons

II.1.b.i. How many tons received were landfilled: 0 Tons

II.1.b.ii. How many tons received were diverted: 7.5 Tons

(Complete Section V - Waste Diversion)

II.1.b.ii.1. How were wastes from Section II.1.b.ii. (above) diverted?

Composted? 2 Tons

Disposal by Open Burning? 5.5
(specify tons or cubic yards)

Off-site recycling _____ Tons

Other (please specify) _____ Tons

II.1.c. Do you accept **out-of-state** waste for disposal? Yes ☐ No ☒ (If yes, complete section II.8.)

II.1.c. Do you accept off-site waste for disposal? Yes ☐ No ☒ (If yes, complete section II.8.)

Off-site recycling _____ Tons
 Other (please specify) _____ Tons
 Composted? 2 Tons
 Disposal by open burning? 5.5 (specify tons or cubic yards)

II.1.b.II. How were wastes from Section II.1.b.I. (above) diverted?

II.1.b.II. How many tons received were diverted? 7.5 Tons
 (Complete Section V - Waste Diversion)

II.1.b.I. How many tons received were landfilled? 0 Tons

Conversion from Cubic Yards to Tons of Contaminated Soil
 _____ Cubic Yards of Contaminated Soil $\div$ Cubic Yards $\times$ 200 = _____ Tons

Conversion from Cubic Yards to Tons of Concrete Wastes
 _____ Cubic Yards of Concrete Wastes $\div$ Cubic Yards $\times$ 860 = _____ Tons

Conversion from Cubic Yards to Tons of Loose Wood Wastes
50 Cubic Yards of Loose Wood Wastes $\div$ Cubic Yards $\times$ 300 = 7.5 Tons

Uncompacted Cubic Yards of MSW
 _____ Uncompacted Cubic Yards of MSW $\div$ Cubic Yards $\times$ 300 = _____ Tons
 (e.g. pickup truck)

Compacted Cubic Yards of MSW
 _____ Compacted Cubic Yards of MSW $\div$ Cubic Yards $\times$ 700 = _____ Tons

II.1.b. For landfills that DO NOT OPERATE SEALS, provide your annual volume received during calendar year 2017 based on waste records

II.2. TIRE-ONLY FACILITIES:

II.2.a. Do you accept out-of-state waste tires for disposal? Yes ☐ No ☐

II.2.b. Were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

II.2.c. Total number of waste tires accepted during 2017: _____

Number of waste tires accepted during 2017, including imported, for **disposal**..... _____

Number of waste tires accepted during 2017, including imported, for **storage**..... _____

Reason for Storage: _____

Number of waste tires accepted during 2017, including imported, for **recycling**..... _____

Disposal fee per waste tire \$ _____

II.3. COMPOSTING OPERATIONS

II.3.a. What is the composting method used? Used for Mulch

II.3.b. Has the design capacity of your facility changed in the last year? Yes ☐ No ☒

II.3.c. Complete the table below.

FEEDSTOCK	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE OF COMPOST PRODUCED

II.4. TRANSFER STATION

II.4.a. Do you landfill wastes on-site? Yes ☐ No ☒

(If yes, please complete Section II.1.a. or II.1.b. as applicable)

II.4.b. Where are the wastes from the Transfer Station sent to for disposal?

(facility name and address)

II.4.c. Complete Section V for wastes received but diverted.

II.2. TIRE-ONLY FACILITIES

II.2.a. Do you accept out-of-state waste tires for disposal? Yes ☐ No ☐

II.2.b. Were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

II.2.c. Total number of waste tires accepted during 2017: _____

Number of waste tires accepted during 2017, including imported, for disposal: _____

Number of waste tires accepted during 2017, including imported, for storage: _____

Reason for storage: _____

Number of waste tires accepted during 2017, including imported, for recycling: _____

Disposal fee per waste tire \$ _____

II.3. COMPOSTING OPERATIONS

II.3.a. What is the composting method used? _____ Used for Mulch _____

II.3.b. Has the design capacity of your facility changed in the last year? Yes ☐ No ☒

II.3.c. Complete the table below.

Feedstock	VOLUME OF TONNAGE ACCEPTED FOR COMPOSTING	YIELD OF TONNAGE OF COMPOST PRODUCT

II.4. TRANSFER STATION

II.4.a. Do you handle wastes on-site? Yes ☐ No ☒
(If yes, please complete Section II.1.c. or II.1.b. as applicable)

II.4.b. Where are the wastes from the Transfer Station sent to for disposal?

(facility name and address)

II.4.c. Complete Section V for wastes received but diverted.

II.5. SOIL TREATMENT FACILITY – LANDFARMS

II.5.a. Provide the total amount of contaminated soil **accepted** at the facility for treatment during calendar year 2017.

_____ Tons or Cubic Yards (*please specify*)

II.5.b. Provide the total amount of contaminated soil **under treatment** as of December 31, 2017.

_____ Tons or Cubic Yards (*please specify*)

II.5.c. Have you submitted your annual report to DEQ? Yes ☐ No ☐
(*If not, please attach it to this form*)

II.5.d. Do you accept contaminated soils for treatment that were generated **out of state**?

If yes, complete Section II. 8 "Imported Wastes" Yes ☐ No ☐

II.6. RESOURCE RECOVERY FACILITY

II.6.a. Provide the total amount of wastes accepted for resource recovery at the facility during calendar year 2017. (*for facilities that recover material from more than one type of waste, provide the tonnage or volume for each specific waste stream*)

_____ Tons or Cubic Yards (*please specify*)

II.6.b. Do you landfill wastes on-site? Yes ☐ No ☐
(*If yes, please complete Section II.1.a. or II.1.b. as applicable*)

II.6.c. Where are the wastes generated at the resource recovery facility sent for off-site disposal?

(*facility name and address – attach additional sheets if multiple disposal facilities are used*)

II.7. RECYCLING FACILITY

II.7.a. Provide the annual volume/tonnage of recyclables received based on records for calendar year 2017:

_____ Tons OR _____ Cubic Yards

II.7.b. Complete Section V – Waste Diversion

II.8. IMPORTED WASTES

(*complete this section if you accept wastes generated outside Montana*)

II.6.a. If you accepted out-of-state wastes during **calendar year 2017**, what was the total tonnage accepted?

_____ Tons

II.6.b. Were quarterly imported waste fees submitted to DEQ? Yes ☐ No ☐

II.5. SOIL TREATMENT FACILITY - LANDFARMS

II.5.a. Provide the total amount of contaminated soil accepted at the facility for treatment during calendar year 2017.

_____ Tons or Cubic Yards (please specify)

II.5.b. Provide the total amount of contaminated soil under treatment as of December 31, 2017.

_____ Tons or Cubic Yards (please specify)

II.5.c. Have you submitted your annual report to DQG? Yes ☐ No ☐
(If not please attach it to this form)

II.5.d. Do you accept contaminated soils for treatment that were generated out of state?
If yes, complete Section II.8 "Imported Wastes" Yes ☐ No ☐

II.6. RESOURCE RECOVERY FACILITY

II.6.a. Provide the total amount of wastes accepted for resource recovery at the facility during calendar year 2017. (For facilities that recover material from more than one type of waste, provide the tonnage or volume for each specific waste stream)

_____ Tons or Cubic Yards (please specify)

II.6.b. Do you landfill wastes on-site? Yes ☐ No ☐
(If yes please complete Section II.1.a. or II.1.f. as applicable)

II.6.c. Where are the wastes generated at the resource recovery facility sent for off-site disposal?

(facility name and address - attach additional sheets if multiple disposal facilities are used)

II.7. RECYCLING FACILITY

II.7.a. Provide the annual volume/tonnage of recyclables received on records for calendar year 2017:

_____ Tons OR _____ Cubic Yards

II.7.b. Complete Section V - Waste Diversion

II.8. IMPORTED WASTES

(complete this section if you accept wastes generated outside Montana)

II.8.a. If you accepted out-of-state wastes during calendar year 2017, what was the total tonnage accepted?

_____ Tons

II.8.b. Were quarterly imported waste fees submitted to DQG? Yes ☐ No ☐

II.6.c. Where was the out-of-state waste generated?
(Use additional sheets if necessary)

City	State	County
City	State	County
City	State	County

SECTION III – FINANCIAL ASSURANCE REQUIREMENTS

III.1. Are you required to maintain FA? Yes ☐ No ☒ (If not, skip to the Section IV)

III.2. If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the required annual updates to the FA cost estimates (per ARM 17.540) are due by **April 1, 2018**.
The inflation multiplier for the current year update is 1.01276.

III.2.a. Have the annual cost estimates update been completed? Yes ☐ No ☐

III.2.b. Have the updated cost estimates been submitted to DEQ? Yes ☐ No ☐

III.2.b.i. If not, by what date will you submit the updated cost estimates? _____
(Required)

SECTION IV – MISCELLANEOUS INFORMATION

DEQ is periodically contacted by research organizations, sales personnel, and members of the public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the DEQ from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list?
Yes ☐ No ☒

DEQ provides training to facility managers and operators four times per year. In order to provide meaningful training, please check your top three training priorities for the next two years.

- | | | | |
|---|--|---|--|
| ☐ Site Health and Safety | ☐ Material Recycling Facilities | ☒ Compliance Inspections | ☐ Transfer Stations |
| ☐ Debris Management | ☐ Equipment Maintenance | ☐ Household Hazardous Waste and Electronic Waste Collection Events | |
| ☐ Site O&M | | | |
| ☐ Asbestos | ☐ Landfarming | ☐ Resource Recovery | |
| ☒ Burn Piles | ☐ Landfill Fires | ☐ Waste Screening | |
| ☒ Composting | ☐ Landfill Gas | ☐ Groundwater Monitoring and Corrective Action | |
| ☐ Contaminated Soils | ☐ Tires | ☐ Leachate Management | |
| ☐ Electronic Waste | ☐ Recycling | ☐ Household Hazardous Waste and CESQG | |

☐ Other: _____

III.C. Where was the out-of-state waste generated?
(Use additional sheets if necessary)

City	State	County
City	State	County
City	State	County

SECTION III - FINANCIAL ASSURANCE REQUIREMENTS

III.1. Are you required to maintain FA? Yes ☐ No ☐ (If not skip to the Section IV)

III.2. If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the required annual updates to the FA cost estimates (per ARM 17.240) are due by April 1, 2018. The inflation multiplier for the current year update is 1.0125.

III.2.a. Have the annual cost estimates update been completed? Yes ☐ No ☐

III.2.b. Have the updated cost estimates been submitted to DEQ? Yes ☐ No ☐

III.2.c. If not, by what date will you submit the updated cost estimates? _____
(Required)

SECTION IV - MISCELLANEOUS INFORMATION

DEQ is periodically contacted by research organizations, sales personnel, and members of the public requesting a mailing list of licensed Montana Solid Waste Facilities. However, state law prohibits the DEQ from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list?
Yes ☐ No ☐

DEQ provides training to facility managers and operators four times per year. In order to provide meaningful training, please check your top three training priorities for the next two years:

☐ Site Health and Safety	☐ Material Recycling Facilities	☒ Compliance Inspections	☐ Transfer Stations
☐ Debris Management	☐ Equipment Maintenance	☐ Household Hazardous Waste and	
		Electronic Waste Collection Events	
☐ Site O&M	☐ Landfilling	☐ Resource Recovery	
☐ Asbestos	☐ Landfill Fires	☐ Waste Screening	
☒ Burn Piles	☐ Landfill Gas	☐ Groundwater Monitoring and Corrective Action	
☒ Composting	☐ Tires	☐ Leachate Management	
☐ Contaminated Soils	☐ Recycling	☐ Household Hazardous Waste and CSDG	
☐ Electronic Waste			
☐ Other: _____			

SECTION V - WASTE DIVERSION

Please complete the following table for materials that are managed at your facility but diverted from disposal. To avoid double counting please also indicate where the material was sold or shipped to.

WASTE MATERIAL CATEGORIES	ITEMIZED MATERIALS	AMOUNT DIVERTED OR RECYCLED	PLEASE SPECIFY UNITS					WHERE WAS THE MATERIAL SOLD OR SHIPPED
			☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Paper:	Office paper (high grade)		☐	☐	☐	☐	☐	
	Newspaper		☐	☐	☐	☐	☐	
	Mixed paper		☐	☐	☐	☐	☐	
	Phonebooks		☐	☐	☐	☐	☐	
Cardboard:	Corrugated		☐	☐	☐	☐	☐	
	Paperboard		☐	☐	☐	☐	☐	
Metals:	Aluminum cans		☐	☐	☐	☐	☐	
	Steel cans		☐	☐	☐	☐	☐	
	White goods		☐	☐	☐	☐	☐	
	Auto scrap		☐	☐	☐	☐	☐	
	Industrial non-ferrous		☐	☐	☐	☐	☐	
	Industrial ferrous		☐	☐	☐	☐	☐	
Batteries:	Vehicle batteries		☐	☐	☐	☐	☐	
	Other batteries (AA's, etc.)		☐	☐	☐	☐	☐	
Plastics:	PET #1		☐	☐	☐	☐	☐	
	HDPE #2		☐	☐	☐	☐	☐	
	Mixed plastic		☐	☐	☐	☐	☐	
Organics:	Food waste		☐	☐	☐	☐	☐	
	Yard waste		☐	☐	☐	☐	☐	
	Agricultural organics		☐	☐	☐	☐	☐	
	Bio solids		☐	☐	☐	☐	☐	
	Compostable products		☐	☐	☐	☐	☐	
	Waste vegetable/Cooking oil		☐	☐	☐	☐	☐	
Wood:	Lumber		☐	☐	☐	☐	☐	
	Branches	5.5	☒	☐	☐	☐	☐	N/A
	Chipped wood	2	☒	☐	☐	☐	☐	N/A
Aggregates:	Concrete		☐	☐	☐	☐	☐	
	Asphalt pavement		☐	☐	☐	☐	☐	
	Asphalt shingles		☐	☐	☐	☐	☐	
Coal Combustion Waste:	Fly ash		☐	☐	☐	☐	☐	
	Bottom ash		☐	☐	☐	☐	☐	
Textiles:	Carpet		☐	☐	☐	☐	☐	
	Clothing		☐	☐	☐	☐	☐	
Glass:	Glass		☐	☐	☐	☐	☐	
Tires:	Passenger tires		☐	☐	☐	☐	☐	
	Commercial tires		☐	☐	☐	☐	☐	
Fluids:	Used motor oil		☐	☐	☐	☐	☐	
	Anti-Freeze		☐	☐	☐	☐	☐	
	Other		☐	☐	☐	☐	☐	
Electronics:	E-Waste		☐	☐	☐	☐	☐	
Other (please specify):			☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	

SECTION VI - CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

(An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here: Dave Peterson

Title: Public Works Director

Date: 2/2/18

Please return completed form and all necessary attachments to:

MONTANA DEQ – SOLID WASTE PROGRAM
PO BOX 200901
HELENA, MT 59620-0901

QUESTIONS??

Contact Mary Louise Hendrickson by phone at 406-444-1808, or by email at mhendrickson@mt.gov



MAILED
HS 6/28/17

WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

**STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
LICENSE RENEWAL CERTIFICATE**

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

**CITY OF HAVRE
MINOR CLASS III BURN SITE**
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2017 TO JUNE 30, 2018

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 16, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

**THIS CERTIFICATE IS NOT TRANSFERABLE AND MUST BE RENEWED ANNUALLY.
A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2018.**

July 1, 2017 through June 30, 2018

City of Havre – Minor Class III Burn Site
License #392

Total Fees Due: \$ 601.20

City of Havre
Solid Waste Management License # 392
Please Remit Payment by April 30, 2018

4th Quarter Payment
April 2018 to June 2018
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 4th
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by January 31, 2018

3rd Quarter Payment
January 2018 to March 2018
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 3rd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by October 31, 2017

2nd Quarter Payment
October 2017 to Dec 2017
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 2nd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by July 31, 2017

1st Quarter Payment
July 2017 to September 2017
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 1st
quarter payment

FY18 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION

(July 1, 2017 through June 30, 2018)

SECTION I - GENERAL FACILITY INFORMATION

(please cross out errors and provide corrected information)

License No.: **392** Facility Name: **City of Havre Burn Site**

Category/Class/Type: **Minor Class III Facility**

Service Area: **City of Havre**

Facility Address: **1705 Sheppard Road North; Hill County, Havre, MT 59501**

Facility Owner/Licensee: **City of Havre**

Facility Contact: **David Peterson**

Facility Contact Title: **Director of Public Works**

Facility Contact Address: **PO Box 231; Havre, MT 59501**

Facility Contact Email: **dpeterson@ci.havre.mt.us**

Facility Contact Phone: **406/ 265-4941**

Facility Contact Fax: **406/262-9459**

Miller

RECEIVED

MAR 22 2017

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

SECTION II - ANNUAL TONNAGE and WASTE MANAGEMENT INFORMATION

(Please complete each applicable item for your facility)

II.1: For facilities that operate scales, provide your **annual tonnage received during calendar year 2016** based on scale records _____ Tons

***** *(Remember to attach copies of the tonnage records - monthly summaries are acceptable)*

II.1.a. How many tons received were landfilled: _____ Tons

II.1.b. How many tons received were diverted: _____ Tons

II.1.b.1. How were wastes diverted?

Composted? _____ Tons

Disposal by Open Burning? _____
(specify tons or cubic yards)

Off-site recycling _____ Tons

Other (please specify) _____ Tons

II.2 For facilities that **do not operate scales**, provide your **annual volume received** during **calendar year 2016** based on waste records

***** (Remember to attach copies of the waste measurement records - monthly summaries are acceptable)

Conversion from Cubic Yards to Tons of MUNICIPAL SOLID WASTES (MSW):

_____ #**Compacted** Cubic Yards of MSW #Cubic Yards x 700 ÷ 2000 = _____ Tons
(e.g. packer truck)

_____ #**Uncompacted** Cubic Yards of MSW #Cubic Yards x 300 ÷ 2000 = _____ Tons

Conversion from Cubic Yards to Tons of loose WOOD WASTES:

20 #Cubic Yards of Loose Wood Wastes # Cubic Yards x 300 ÷ 2000 = 3 Tons

Conversion from Cubic Yards to Tons of CONCRETE WASTES:

_____ #Cubic Yards of Concrete Wastes # Cubic Yards x 860 ÷ 2000 = _____ Tons

Conversion from Cubic Yards to Tons of CONTAMINATED SOIL:

_____ #Cubic Yards of Contaminated Soil # Cubic Yards x 920 ÷ 2000 = _____ Tons

II.3. **TIRE-ONLY FACILITIES:**

Number of tires accepted from **out-of-state** during 2016 (i.e., imported)..... _____

Number of tires accepted during 2016, including imported, for disposal..... _____

Number of tires accepted during 2016, including imported, for storage..... _____

Reason for Storage: _____

Number of tires accepted during 2016, including imported, for recycling..... _____

Disposal fee per tire \$ _____

II.4. **COMPOSTING OPERATIONS**

II.4.a. Has the design capacity of your facility changed in the last year? Yes ☐ No ☒

II.4.b. What is the total volume and/or tonnage present on-site as of December 31, 2016?

_____ Cubic Yards _____ Tons

II.4.c. Provide information on the types of materials composted and the volume of compost produced:

FEEDSTOCK	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE OF COMPOST PRODUCED

II.4.d. Please describe the composting method used: _____

II.5. **TRANSFER STATION**

II.5.a. Do you landfill wastes on-site? Yes ☐ No ☒
(If yes, please complete Section II.1 or II.2 as applicable)

II.5.b. Where are wastes received at Transfer Station sent for disposal? _____

II.6. **SOIL TREATMENT FACILITY – LANDFARM**

II.6.a. Provide the total amount of contaminated soil accepted at the facility for treatment during calendar year 2016.
_____ Tons or Cubic Yards (please specify)

II.6.b. Provide the total amount of contaminated soil under treatment as of December 31, 2016.
_____ Tons or Cubic Yards (please specify)

II.6.c. Have you submitted your annual report to DEQ? Yes ☐ No ☐ (If not, please attach it to this form)

II.6.d. Do you accept contaminated soils for treatment that were generated outside of Montana. Yes ☐ No ☐

II.6.d.i. If so, were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

II.6.d.ii. If you accepted out of state wastes, during calendar year 2011, what was the total amount accepted?

_____ Tons or Cubic Yards (please specify)

II.6.d.iii. Where was the out-of-state waste generated? (Use additional sheets if necessary)

_____ City State County

II.7. **IMPORTED WASTES**

II.7.a. Do you accept wastes generated outside of Montana? Yes ☐ No ☒

II.7.b. If so, were quarterly imported waste fees submitted to the DEQ? Yes ☐ No ☐

II.7.c. If you accepted out of state wastes during **calendar year 2016**, what was the total tonnage accepted?

_____ Tons

II.7.d. Where was the out-of-state waste generated?
(Use additional sheets if necessary)

_____ City State County

_____ City State County

_____ City State County

SECTION III – FINANCIAL ASSURANCE REQUIREMENTS

III.1. Are you required to maintain FA? Yes ☐ No ☒ (If not, skip to the next section)

III.2. If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the required annual updates to the FA cost estimates (per ARM 17.540) are due by **April 1, 2017**.

The inflation multiplier for the current year update is 1.0110.

III.2.a. Have the annual cost estimates update been completed? Yes ☐ No ☐

III.2.b. Have the updated cost estimates been submitted to DEQ? Yes ☐ No ☐

III.2.b.i. If not, by what date will you submit the updated cost estimates? _____
(Required)

SECTION IV – FACILITY OPERATIONS AND MONITORING PLANS

According to ARM 17.50.509(3), the facility Operations and Maintenance (O&M) Plan must be reviewed every five years to determine if significant changes in operations or requirements have occurred. If the review indicates that significant changes have occurred, the facility must submit an updated O&M Plan that reflects the changed operations and requirements to DEQ for approval. If the review indicates that significant changes have not occurred, the facility must notify DEQ in writing that an update of the O&M Plan is not necessary. For facilities required to monitor methane and/or groundwater, the facility Methane Monitoring Plan and Groundwater Sampling and Analysis Plan is part of the O&M Plan and subject to the five-year review requirement.

IV.1. The most recent facility **Operation and Maintenance (O&M)** Plan on file at DEQ is dated 12/1/2003.

IV.1.a. Has the O&M Plan been reviewed as required? Yes ☒ No ☐

IV.1.b. Have significant changes occurred? Yes ☐ No ☒

IV.b.1.i. If so, has the O&M Plan been updated to reflect those changes? Yes ☐ No ☐

IV.1.c. If no significant changes have occurred, have you notified DEQ that an O&M Plan update is not necessary? Yes ☒ No ☐

IV.2. For facilities required to perform **Methane Monitoring**, the most recent Methane Monitoring Sampling and Analysis Plan (SAP) on file at DEQ is dated n/a

IV.2.a. Has the Methane SAP been reviewed as required? Yes ☐ No ☐

IV.2.b. Have significant changes occurred? Yes ☐ No ☐

IV.b.2.i. If so, has the Methane SAP been updated to reflect those changes? Yes ☐ No ☐

IV.2.c. If no significant changes have occurred, have you notified DEQ that an update to the Methane SAP is not necessary? Yes ☐ No ☐

IV.3. For facilities required to perform **Groundwater Monitoring**, the most recent Groundwater Monitoring Sampling and Analysis Plan (SAP) on file at DEQ is dated n/a.

IV.3.a. Has the Groundwater SAP been reviewed as required? Yes ☐ No ☐

IV.3.b. Have significant changes occurred? Yes ☐ No ☐

IV.b.3.i. If so, has the Groundwater SAP been updated to reflect those changes? Yes ☐ No ☐

IV.3.c. If no significant changes have occurred, have you notified DEQ that an update to the Groundwater SAP is not necessary? Yes ☐ No ☐

SECTION V – MISCELLANEOUS INFORMATION

V.1. For facilities that landfill wastes on-site, ARM 17.50.1113 requires facilities to record a notation to the property deed that the land has been used as a solid waste management system and its post-closure use is restricted. According to our files, we have n/a have not n/a received verification that the deed notation has been recorded. If we have not received verification of the recorded notation, please submit that verification with this completed license renewal form. *(For facilities that do not landfill wastes on-site, this requirement is not applicable.)*

V.2. DEQ is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the DEQ from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list?

Yes ☐ No ☒

V.3. How do you assess fees? (Check all methods that apply)

☐ No fees assessed

☐ Tipping fee at gate \$_____/ton
\$_____/cubic yard

and/or

☒ Other (please describe method and fee) Public Not Allowed Access TO Facility

V.4. How many employees (full time equivalent) work in your solid waste program? 4

How many hours of safety training did they receive last year? 52+/each.

Hours of hazardous waste training? N/A

Hours of solid waste operators training? N/A

V.5. DEQ provides training to facility managers and operators four times per year. In order to provide meaningful training, please check your top three training priorities for the next two years.

☒ Site Health and Safety

☐ Material Recycling Facilities

☐ Compliance Inspections

☐ Transfer Stations

☐ Debris Management

☐ Equipment Maintenance

☐ Household Hazardous Waste and
Electronic Waste Collection Events

☐ Site O&M

☐ Asbestos

☐ Landfarming

☐ Resource Recovery

☒ Burn Piles

☐ Landfill Fires

☐ Waste Screening

☒ Composting

☐ Landfill Gas

☐ Groundwater Monitoring and Corrective Action

☐ Contaminated Soils

☐ Tires

☐ Leachate Management

☐ Electronic Waste

☐ Recycling

☐ Household Hazardous Waste and CESQG

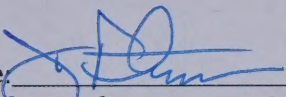
☐ Other: _____

V.6: Please complete the following table for materials that are managed at your facility. To avoid double counting please also indicate where the material was sold or shipped to.

WASTE MATERIAL CATEGORIES	ITEMIZED MATERIALS	AMOUNT DIVERTED OR RECYCLED	PLEASE SPECIFY UNITS					WHERE WAS THE MATERIAL SOLD OR SHIPPED
Paper:	Office paper (high grade)		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Newspaper		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Mixed paper		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Phonebooks		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Cardboard:	Corrugated		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Paperboard		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Metals:	Aluminum cans		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Steel cans		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	White goods		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Auto scrap		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Industrial non-ferrous		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Industrial ferrous		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Batteries:	Vehicle batteries		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Other batteries (AA's, etc.)		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Plastics:	PET #1		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	HDPE #2		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Mixed plastic		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Organics:	Food waste		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Yard waste		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Agricultural organics		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Bio solids		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Compostable products		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Waste vegetable/Cooking oil		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Wood:	Lumber		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Branches	1	☒ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	N/A
	Chipped wood	2	☒ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	N/A
Aggregates:	Concrete		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Asphalt pavement		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Asphalt shingles		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Coal Combustion Waste:	Fly ash		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Bottom ash		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Textiles:	Carpet		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Clothing		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Glass:	Glass		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Tires:	Passenger tires		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Commercial tires		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Fluids:	Used motor oil		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Anti-Freeze		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
	Other		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Electronics:	E-Waste		☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
Other (please specify):			☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
			☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
			☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
			☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	
			☐ Tons	☐ Pounds	☐ Gallons	☐ Cubic Yards	☐ Other	

SECTION VI - CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: 

(An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here:

DAVID PETERSON

Title:

PUBLIC WORKS DIRECTOR

Date:

3/20/19

Please return completed form and all necessary attachments to:

MONTANA DEQ - SOLID WASTE PROGRAM
PO BOX 200901
HELENA, MT 59620-0901

QUESTIONS??

Contact Mary Louise Hendrickson by phone at 406-444-1808, or by email at mhendrickson@mt.gov



MAILED
6/27/16 MFM

WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

CITY OF HAVRE
MINOR CLASS III BURN SITE
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2016 TO JUNE 30, 2017

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 14, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2017.

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
PERMITTED TO OPERATE THE

CITY OF HAVRE
MINOR CLASS III BURN SITE
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2012 TO JUNE 30, 2013

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE
DEPARTMENT AND ON CONDITIONS SPECIFIED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO
COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 17, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED,
AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 10, SUB-CHAPTERS 1, 2, AND 10 - 14, INCLUDING THE PAYMENT OF
WHICH FEE MAY RESULT IN ENFORCEMENT ACTION, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.



EDWARD A. THAWKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

FY17 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION
(July 1, 2016 through June 30, 2017)

License No.: **392** Facility Name: **City of Havre Burn Site**

Category/Class/Type: **Minor Class III Facility**

Service Area: **City of Havre**

Facility Address: **1705 Sheppard Road North; Hill County, Havre, MT 59501**

Facility Owner/Licensee: **City of Havre**

Facility Contact: **David Peterson**

Facility Contact Title: **Director of Public Works**

Facility Contact Address: **PO Box 231; Havre, MT 59501**

Facility Contact Email: **dpeterson@ci.havre.mt.us**

Facility Contact Phone: **406/ 265-4941** Facility Contact Fax: **406/262-9459**

AS 6/13/16
RT
RECEIVED
JUN 03 2016
DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

For facilities that **operate scales**, provide your **annual tonnage**
based on scale records for **calendar year 2015** _____ Tons

For facilities that **do not operate scales**, provide your **annual volume** based on waste records for calendar year **2015**
(Attach copies of the waste measurement records - monthly summaries are acceptable)

_____ #**Compacted** Cubic Yards #**Cubic Yards x 700 ÷ 2000 =** _____ Tons
e.g. packer truck

20 #**Uncompacted** Cubic Yards #**Cubic Yards x 300 ÷ 2000 =** 3 Tons

Do you accept wastes generated outside of Montana. Yes ☐ No ☒

If so, were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

If you accepted out of state wastes during calendar year 2015, what was the total tonnage accepted? _____

Where was the out-of-state waste generated? (use additional sheets if necessary)

City State County

City State County

FOR TIRE ONLY FACILITIES:

Number of tires accepted from out-of-state during 2015 (i.e., imported).....
Number of tires accepted during 2015, including imported, for disposal.....
Number of tires accepted during 2015, including imported, for storage.....
Number of tires accepted during 2015, including imported, for recycling.....
Disposal fee per tire \$

If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the annual updates to the FA cost estimates, required per ARM 17.540, are due by **April 1, 2016**. **The inflation multiplier for the current year update is 1.0137.**

Are you required to maintain FA? Yes ☐ No ☒ (if not, skip to next section)

Has the annual cost estimate update been completed? Yes ☐ No ☐

Has it been submitted to the Department? Yes ☐ No ☐

If not, by what date will you submit the update? _____

(Required)

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- | | | |
|---|---|--|
| ☐ Site Health and Safety | ☐ Asbestos | ☐ Material Recycling Facilities |
| ☐ Compliance Inspections | ☐ Transfer Stations | ☒ Debris Management |
| ☐ Equipment Maintenance | ☐ Household Hazardous Waste and Electronic Waste Collection Events | |
| ☒ Site O&M | | |
| ☐ Asbestos | ☐ Landfarming | |
| ☒ Burn Piles | ☐ Landfill Fires | |
| ☒ Composting | ☐ Landfill Gas | |
| ☐ Contaminated Soils | ☐ Leachate Management | |
| ☐ Electronic Waste | ☐ Recycling | |
| ☐ Resource Recovery | ☐ Tires | |
| ☐ Waste Screening | | |
| ☐ Groundwater Monitoring and Corrective Action | | |
| ☐ Household Hazardous Waste and CESQG | | |

☐ Other: _____

CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

(An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here: _____

Title: _____

Public Works Director

Date: _____

5/25/16

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list? Yes ☐ No ☒

Facility Name and License #: 392

2015 Montana Recycling Survey

Complete this table for materials that are recycled at your facility. Please include "where" to avoid double counting.

Waste Material Categories	Itemized Materials	Specify Unit of Measure (tons, pounds, or cu yds)	Amount Recycled or Diverted	Where was the recycled/diverted material shipped or sold?
Paper:	Office Paper (high grade)			
	Newspaper			
	Mixed paper			
	Phonebooks			
Cardboard:	Corrugated			
	Paperboard			
Metals:	Aluminum cans			
	Steel cans			
	White goods			
	Auto scrap			
	Industrial Non-ferrous			
	Industrial ferrous			
	Other steel			
Batteries:	Vehicle batteries			
	Other batteries (AA's, etc)			
Plastics:	PET #1			
	HDPE #2			
	#1 and #2			
	Mixed plastic			
Organics:	Food residuals			
	Yard waste			
	Agricultural organics			
	Biosolids			
	Other compostable			
Wood:	Dimensional lumber			
	Branches			
	Chipped wood			
Aggregates:	Concrete			
	Asphalt pavement			
	Asphalt shingles			
	Other			
Coal Combustion Waste:	Fly ash			
	Bottom ash			
Textiles:	Carpet			
	Clothing			
	Other			
Glass:	Mixed glass			
Tires:	Passenger tires			
	Commercial tires			
Fluids:	Used motor oil			
	Anti-Freeze			
	Waste vegetable/Cooking oil			
	Other			
Electronics:	E-Waste			
Other (please specify):				



PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

**STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL**

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

**CITY OF HAVRE
MINOR CLASS III BURN SITE**
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2015 TO JUNE 30, 2016

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A handwritten signature in black ink, appearing to read "E. Thamke", is written over a horizontal line.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2016.



RECEIVED

FEB 03 2015

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

217/15 mfm
PERMITTING AND COMPLIANCE DIVISION WASTE AND
UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901
406-444-5300

FY15 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION

(July 1, 2015 through June 30, 2016)

License No.: **392** Facility Name: **City of Havre Burn Site**

Category/Class/Type: **Minor Class III Facility**

Service Area: **City of Havre**

Facility Address: **1705 Sheppard Road North; Hill County, Havre, MT 59501**

Facility Owner/Licensee: **City of Havre**

Facility Contact: **David Peterson**

Facility Contact Title: **Director of Public Works**

Facility Contact Address: **PO Box 231; Havre, MT 59501**

Facility Contact Email: **dpeterson@ci.havre.mt.us**

Facility Contact Phone: **406/265-4941** Facility Contact Fax: **406/262-9459**

For facilities that **operate scales**, provide your **annual tonnage**
based on scale records for **calendar year 2014** _____ Tons

For facilities that **do not operate scales**, provide your **annual volume** based on waste records for calendar year **2014**
(Attach copies of the waste measurement records - monthly summaries are acceptable)

_____ #**Compacted** Cubic Yards #Cubic Yards x 700 ÷ 2000 = _____ Tons
e.g. packer truck

20 #**Uncompacted** Cubic Yards #Cubic Yards x 300 ÷ 2000 = 3 Tons

Do you accept wastes generated outside of Montana. Yes ☐ No ☒

If so, were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

If you accepted out of state wastes during calendar year 2014, what was the total tonnage accepted? _____

Where was the out-of-state waste generated? (use additional sheets if necessary) _____

City

State

County

City

State

County

FOR TIRE ONLY FACILITIES:

Number of tires accepted from out-of-state during 2014 (i.e., imported).....
Number of tires accepted during 2014, including imported, for disposal.....
Number of tires accepted during 2014, including imported, for storage.....
Number of tires accepted during 2014, including imported, for recycling.....
Disposal fee per tire \$

If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the annual updates to the FA cost estimates, required per ARM 17.540, are due by **April 1, 2015**. *The inflation multiplier for the current year update is 1.0140.*

Are you required to maintain FA? Yes ☐ No ☐ (if not, skip to next section)

Has the annual cost estimate update been completed? Yes ☐ No ☐

Has it been submitted to the Department? Yes ☐ No ☐

If not, by what date will you submit the update? _____

(Required)

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- | | | |
|---|---|--|
| ☐ Site Health and Safety | ☐ Asbestos | ☐ Material Recycling Facilities |
| ☒ Compliance Inspections | ☐ Transfer Stations | ☐ Debris Management |
| ☐ Equipment Maintenance | ☐ Household Hazardous Waste and Electronic Waste Collection Events | |
| ☒ Site O&M | | |
| ☐ Asbestos | ☐ Landfarming | |
| ☒ Burn Piles | ☐ Landfill Fires | |
| ☒ Composting | ☐ Landfill Gas | |
| ☐ Contaminated Soils | ☐ Leachate Management | |
| ☐ Electronic Waste | ☐ Recycling | |
| ☐ Resource Recovery | ☐ Tires | |
| ☐ Waste Screening | | |
| ☐ Groundwater Monitoring and Corrective Action | | |
| ☐ Household Hazardous Waste and CESQG | | |

☐ Other: _____

CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: David Peterson
(An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here: David Peterson

Title: Public Works Director Date: 2/2/15

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list? Yes ☐ No ☒



Montana Department of
ENVIRONMENTAL QUALITY

PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

CITY OF HAVRE
MINOR CLASS III BURN SITE
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT
1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2014 TO JUNE 30, 2015

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 14, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2015.

Department of
Environmental Quality

STATE OF MONTANA

SOLID WASTE MANAGEMENT SYSTEM

ANNUAL LICENSE RENEWAL

LICENSE NUMBER 000

CITY OF HAVRE

CITY OF CHEYENNE

OTHER CLASSIFICATION SITE

FOR THE COUNTY OF

FOR THE YEAR

JULY 1, 2000 TO JULY 31, 2001

[Signature]

DATE

REMARKS

REMARKS

REMARKS

REMARKS

REMARKS

REMARKS



PERMITTING AND COMPLIANCE DIVISION WASTE AND
UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901
406-444-5300

FY15 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION

(July 1, 2014 through June 30, 2015)

License No.: **392** Facility Name: **City of Havre**

Category/Class/Type: **Minor Class III Burn Site for the annual acceptance of less than 1,000 tons**

Service Area: **City of Havre**

Facility Address: **1705 Sheppard Road North; Hill County, Havre, MT 59501**

Facility Owner/Licensee: **City of Havre**

Facility Contact: **David Peterson**

Facility Contact Title: **Director of Public Works**

Facility Contact Address: **PO Box 231; Havre, MT 59501**

Facility Contact Email: **dpeterson@ci.havre.mt.us**

Facility Contact Phone: **406/265-4941** Facility Contact Fax: **406/262-9459**

RECEIVED
FEB 05 2014
DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

For facilities that operate scales, provide your **annual tonnage**
based on scale records for calendar year 2013 _____ Tons

For facilities that do not operate scales, provide your **annual volume** based on waste records for calendar year 2013
(Attach copies of the waste measurement records - monthly summaries are acceptable)

_____ #**Compacted** Cubic Yards #Cubic Yards x 700 ÷ 2000 = _____ Tons
e.g. *packer truck*

20 #**Uncompacted** Cubic Yards #Cubic Yards x 300 ÷ 2000 = 3 Tons

Do you accept wastes generated outside of Montana. Yes ☐ No ☒

If so, were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

If you accept out of state wastes, during calendar year 2013, what was the total tonnage accepted? _____

Where was the out-of-state waste generated? (use additional sheets if necessary)

City State County

City State County

FOR TIRE ONLY FACILITIES:

Number of tires accepted from out-of-state during 2013 (i.e., imported).....
Number of tires accepted during 2013, including imported, for disposal.....
Number of tires accepted during 2012, including imported, for storage.....
Number of tires accepted during 2012, including imported, for recycling.....
Disposal fee per tire \$ _____

If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the annual updates to the FA cost estimates, required per ARM 17.540, are due by **April 1, 2013**. *The inflation multiplier for the current year update is 1.01815.*

Are you required to maintain FA? Yes ☐ No ☒ (if not, skip to next section)

Has the annual cost estimate update been completed? Yes ☐ No ☐

Has it been submitted to the Department? Yes ☐ No ☐

If not, by what date will you submit the update? _____
(Required)

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- | | | |
|---|---|--|
| ☐ Site Health and Safety | ☐ Asbestos | ☐ Material Recycling Facilities |
| ☐ Compliance Inspections | ☐ Transfer Stations | ☐ Debris Management |
| ☐ Equipment Maintenance | ☐ Household Hazardous Waste and Electronic Waste Collection Events | |
| ☒ Site O&M | | |
| ☐ Asbestos | ☐ Landfarming | |
| ☒ Burn Piles | ☐ Landfill Fires | |
| ☒ Composting | ☐ Landfill Gas | |
| ☐ Contaminated Soils | ☐ Leachate Management | |
| ☐ Electronic Waste | ☐ Recycling | |
| ☐ Resource Recovery | ☐ Tires | |
| ☐ Waste Screening | | |
| ☐ Groundwater Monitoring and Corrective Action | | |
| ☐ Household Hazardous Waste and CESQG | | |

☐ Other: _____

CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____
(An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here: David Peterson

Title: Public Works Director Date: 2/3/14

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list? Yes ☐ No ☒

2013 Montana Recycling Survey

Complete this table for materials that are recycled at your facility. Please include "where" to avoid double counting.

Waste Material Categories	Itemized Materials	Specify Unit of Measure (tons, pounds, or cu yds)	Amount Recycled or Diverted	Where was the recycled/diverted material shipped or sold?
Paper:	Office Paper (high grade)			
	Newspaper			
	Mixed paper			
	Phonebooks			
Cardboard:	Corrugated			
	Paperboard			
Metals:	Aluminum cans			
	Steel cans			
	White goods			
	Auto scrap			
	Industrial Non-ferrous			
	Industrial ferrous			
	Other steel			
Batteries:	Vehicle batteries			
	Other batteries (AA's, etc)			
Plastics:	PET #1			
	HDPE #2			
	#1 and #2			
	Mixed plastic			
Organics:	Food residuals			
	Yard waste			
	Agricultural organics			
	Biosolids			
	Other compostable			
Wood:	Dimensional lumber			
	Branches			
	Chipped wood	8	8	ON SITE COMPOST MATERIAL
Aggregates:	Concrete			
	Asphalt pavement			
	Asphalt shingles			
	Other			
Coal Combustion Waste:	Fly ash			
	Bottom ash			
Textiles:	Carpet			
	Clothing			
	Other			
Glass:	Mixed glass			
Tires:	Passenger tires			
	Commercial tires			
Fluids:	Used motor oil			
	Anti-Freeze			
	Waste vegetable/Cooking oil			
	Other			
Electronics:	E-Waste			
Other (please specify):				



2014 National Reading Conference

2014 National Reading Conference

2014 National Reading Conference

2014 National Reading Conference

2014 National Reading Conference

2014 National Reading Conference

2014 National Reading Conference

2014 National Reading Conference

2014 National Reading Conference

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2014 National Reading Conference



Montana Department of
ENVIRONMENTAL QUALITY

PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

CITY OF HAVRE
MINOR CLASS III BURN SITE
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2013 TO JUNE 30, 2014

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EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2014.



**SOLID WASTE MANAGEMENT SYSTEM
FY14 LICENSE RENEWAL APPLICATION FORM**
(License Year: July 1, 2013 through June 30, 2014)

ADMINISTRATIVE INFORMATION

PLEASE REVIEW AND PROVIDE CORRECTED AND/OR MISSING INFORMATION.

License #392 - Minor Class III Facility
City of Havre Burn Site
1705 Sheppard Road North, Havre, MT 59501

Hill County

Facility Phone: 406/ 265-4941

Is this information correct? Yes ☒ No ☐

Facility Contact:

David Peterson Director of Public Works

PO Box 231, Havre, MT 59501

Phone: 406/ 265-4941; Fax: 406/262-9459

Email: dpeterson@ci.havre.mt.us

Is this information correct? Yes ☒ No ☐

Location of facility operating records: _____

RECEIVED ON
FEB 06 2013
Dept. of Environmental Quality
Waste & Underground
Tank Management Bureau

SERVICE AREA, SYSTEM CAPACITY, AND ANNUAL DISPOSAL

Service Area (areas served by your facility or system): City of Havre

Population of Service Area: 9,400

What is the total volume of solid waste present on-site as of December 31, 2012.

N/A tons OR yds³

ANNUAL DISPOSAL

For facilities that operate scales, provide your **annual tonnage**
based on scale records for calendar year 2012

N/A Tons

For facilities that do not operate scales, provide your **annual volume** based on waste records for calendar year 2012
(Attach copies of the waste measurement records - monthly summaries are acceptable)

#Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

0 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = 0 Tons

WILLIAM W. WILSON & COMPANY, INC.
FARM & GARDEN SUPPLY CO., INC.
Chicago, Ill., U.S.A.

Environmental Quality

RECEIVED ON
FEB 28 1960
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

Enclosed for the U.S. Department of Agriculture are two copies of a report on the results of the investigation of the water quality of the Chicago River at the mouth of the river into Lake Michigan. The report was prepared by the U.S. Geological Survey, and is being submitted to you for your information and for your use in the preparation of the report on the water quality of the Chicago River.

The report is being submitted to you for your information and for your use in the preparation of the report on the water quality of the Chicago River. The report was prepared by the U.S. Geological Survey, and is being submitted to you for your information and for your use in the preparation of the report on the water quality of the Chicago River.

The report is being submitted to you for your information and for your use in the preparation of the report on the water quality of the Chicago River. The report was prepared by the U.S. Geological Survey, and is being submitted to you for your information and for your use in the preparation of the report on the water quality of the Chicago River.

Do you accept wastes generated outside of Montana. Yes ☐ No ☒

If so, were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

If you accept out of state wastes, during calendar year 2012, what was the total tonnage accepted? _____

Where was the out-of-state waste generated? (use additional sheets if necessary)

City

State

County

City

State

County

FOR TIRE ONLY FACILITIES:

Number of tires accepted during 2012 for disposal..... _____

Number of tires accepted during 2012 for storage..... _____

Number of tires accepted during 2012 for recycling..... _____

Disposal fee per tire \$ _____

FINANCIAL ASSURANCE

If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the annual updates to the FA cost estimates, required per ARM 17.540, are due by **April 1, 2013**.

Are you required to maintain FA? Yes ☐ No ☒

Has the annual cost estimate update been completed? Yes ☐ No ☐

Have you submitted this annual cost estimate update to the Department? Yes ☐ No ☐

If not, by what date will you submit the update? _____

(Required)

***Inflation Multiplier:** The total amount of FA must be adjusted annually for inflation for each mechanism selected to provide adequate landfill FA as required [ARM 17.50.540]. The annual inflation multiplier is derived from the implicit price deflator (IPD) for gross domestic product (GDP) based on the latest final year-end figure available in time for the submission deadline. The deflator is published by the Bureau of Economic Analysis, U.S. Department of Commerce, and may be found at the webpage <http://www.bea.gov/National/nipaweb/Index.asp>. The inflation multiplier for the current year update is 1.02132.*

MISCELLANEOUS FACILITY INFORMATION

WASTE COLLECTION EVENTS:

Do you plan to hold any of the following events this year?

Household Hazardous Waste Collection Event Yes ☐ No ☒

Paint Swap Event Yes ☐ No ☒

Electronics Waste Collection Event Yes ☐ No ☒

Other (please specify): _____

DISPOSAL FEES:

How do you assess fees for disposal of solid waste? (Check all methods that apply)

☐ Tipping fee at gate \$ _____ /ton
\$ _____ /cubic yard

-and/or-

☐ Service charge

☐ Tax assessment

Annual residential rate \$ _____ Does this rate include residential pickup? Yes ☐ No ☐

☒ Other (please describe) CLOSED SITE. CITY OF HAVRE USE ONLY

LANDFILL STAFF:

How many employees (FTE) work in your solid waste program? 5

How many hours of safety training did they receive last year? 52

Hours of hazardous waste training? N/A

Hours of solid waste operators training? N/A

The following information is required for the purpose of the survey. Please provide the following information as accurately as possible.

Year	Month	Day
2012	12	15
2013	01	10

THE FIRST PART OF THE SURVEY

Number of days completed during 2012 for the survey: _____

Number of days completed during 2013 for the survey: _____

Number of days completed during 2014 for the survey: _____

For the purpose of the survey, the following information is required. Please provide the following information as accurately as possible.

If you are required to complete the survey, please provide the following information as accurately as possible.

Are you required to complete the survey? ☐ Yes ☐ No

How many times have you completed the survey? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100 ☐ 101 ☐ 102 ☐ 103 ☐ 104 ☐ 105 ☐ 106 ☐ 107 ☐ 108 ☐ 109 ☐ 110 ☐ 111 ☐ 112 ☐ 113 ☐ 114 ☐ 115 ☐ 116 ☐ 117 ☐ 118 ☐ 119 ☐ 120 ☐ 121 ☐ 122 ☐ 123 ☐ 124 ☐ 125 ☐ 126 ☐ 127 ☐ 128 ☐ 129 ☐ 130 ☐ 131 ☐ 132 ☐ 133 ☐ 134 ☐ 135 ☐ 136 ☐ 137 ☐ 138 ☐ 139 ☐ 140 ☐ 141 ☐ 142 ☐ 143 ☐ 144 ☐ 145 ☐ 146 ☐ 147 ☐ 148 ☐ 149 ☐ 150 ☐ 151 ☐ 152 ☐ 153 ☐ 154 ☐ 155 ☐ 156 ☐ 157 ☐ 158 ☐ 159 ☐ 160 ☐ 161 ☐ 162 ☐ 163 ☐ 164 ☐ 165 ☐ 166 ☐ 167 ☐ 168 ☐ 169 ☐ 170 ☐ 171 ☐ 172 ☐ 173 ☐ 174 ☐ 175 ☐ 176 ☐ 177 ☐ 178 ☐ 179 ☐ 180 ☐ 181 ☐ 182 ☐ 183 ☐ 184 ☐ 185 ☐ 186 ☐ 187 ☐ 188 ☐ 189 ☐ 190 ☐ 191 ☐ 192 ☐ 193 ☐ 194 ☐ 195 ☐ 196 ☐ 197 ☐ 198 ☐ 199 ☐ 200 ☐ 201 ☐ 202 ☐ 203 ☐ 204 ☐ 205 ☐ 206 ☐ 207 ☐ 208 ☐ 209 ☐ 210 ☐ 211 ☐ 212 ☐ 213 ☐ 214 ☐ 215 ☐ 216 ☐ 217 ☐ 218 ☐ 219 ☐ 220 ☐ 221 ☐ 222 ☐ 223 ☐ 224 ☐ 225 ☐ 226 ☐ 227 ☐ 228 ☐ 229 ☐ 230 ☐ 231 ☐ 232 ☐ 233 ☐ 234 ☐ 235 ☐ 236 ☐ 237 ☐ 238 ☐ 239 ☐ 240 ☐ 241 ☐ 242 ☐ 243 ☐ 244 ☐ 245 ☐ 246 ☐ 247 ☐ 248 ☐ 249 ☐ 250 ☐ 251 ☐ 252 ☐ 253 ☐ 254 ☐ 255 ☐ 256 ☐ 257 ☐ 258 ☐ 259 ☐ 260 ☐ 261 ☐ 262 ☐ 263 ☐ 264 ☐ 265 ☐ 266 ☐ 267 ☐ 268 ☐ 269 ☐ 270 ☐ 271 ☐ 272 ☐ 273 ☐ 274 ☐ 275 ☐ 276 ☐ 277 ☐ 278 ☐ 279 ☐ 280 ☐ 281 ☐ 282 ☐ 283 ☐ 284 ☐ 285 ☐ 286 ☐ 287 ☐ 288 ☐ 289 ☐ 290 ☐ 291 ☐ 292 ☐ 293 ☐ 294 ☐ 295 ☐ 296 ☐ 297 ☐ 298 ☐ 299 ☐ 300 ☐ 301 ☐ 302 ☐ 303 ☐ 304 ☐ 305 ☐ 306 ☐ 307 ☐ 308 ☐ 309 ☐ 310 ☐ 311 ☐ 312 ☐ 313 ☐ 314 ☐ 315 ☐ 316 ☐ 317 ☐ 318 ☐ 319 ☐ 320 ☐ 321 ☐ 322 ☐ 323 ☐ 324 ☐ 325 ☐ 326 ☐ 327 ☐ 328 ☐ 329 ☐ 330 ☐ 331 ☐ 332 ☐ 333 ☐ 334 ☐ 335 ☐ 336 ☐ 337 ☐ 338 ☐ 339 ☐ 340 ☐ 341 ☐ 342 ☐ 343 ☐ 344 ☐ 345 ☐ 346 ☐ 347 ☐ 348 ☐ 349 ☐ 350 ☐ 351 ☐ 352 ☐ 353 ☐ 354 ☐ 355 ☐ 356 ☐ 357 ☐ 358 ☐ 359 ☐ 360 ☐ 361 ☐ 362 ☐ 363 ☐ 364 ☐ 365 ☐ 366 ☐ 367 ☐ 368 ☐ 369 ☐ 370 ☐ 371 ☐ 372 ☐ 373 ☐ 374 ☐ 375 ☐ 376 ☐ 377 ☐ 378 ☐ 379 ☐ 380 ☐ 381 ☐ 382 ☐ 383 ☐ 384 ☐ 385 ☐ 386 ☐ 387 ☐ 388 ☐ 389 ☐ 390 ☐ 391 ☐ 392 ☐ 393 ☐ 394 ☐ 395 ☐ 396 ☐ 397 ☐ 398 ☐ 399 ☐ 400 ☐ 401 ☐ 402 ☐ 403 ☐ 404 ☐ 405 ☐ 406 ☐ 407 ☐ 408 ☐ 409 ☐ 410 ☐ 411 ☐ 412 ☐ 413 ☐ 414 ☐ 415 ☐ 416 ☐ 417 ☐ 418 ☐ 419 ☐ 420 ☐ 421 ☐ 422 ☐ 423 ☐ 424 ☐ 425 ☐ 426 ☐ 427 ☐ 428 ☐ 429 ☐ 430 ☐ 431 ☐ 432 ☐ 433 ☐ 434 ☐ 435 ☐ 436 ☐ 437 ☐ 438 ☐ 439 ☐ 440 ☐ 441 ☐ 442 ☐ 443 ☐ 444 ☐ 445 ☐ 446 ☐ 447 ☐ 448 ☐ 449 ☐ 450 ☐ 451 ☐ 452 ☐ 453 ☐ 454 ☐ 455 ☐ 456 ☐ 457 ☐ 458 ☐ 459 ☐ 460 ☐ 461 ☐ 462 ☐ 463 ☐ 464 ☐ 465 ☐ 466 ☐ 467 ☐ 468 ☐ 469 ☐ 470 ☐ 471 ☐ 472 ☐ 473 ☐ 474 ☐ 475 ☐ 476 ☐ 477 ☐ 478 ☐ 479 ☐ 480 ☐ 481 ☐ 482 ☐ 483 ☐ 484 ☐ 485 ☐ 486 ☐ 487 ☐ 488 ☐ 489 ☐ 490 ☐ 491 ☐ 492 ☐ 493 ☐ 494 ☐ 495 ☐ 496 ☐ 497 ☐ 498 ☐ 499 ☐ 500 ☐ 501 ☐ 502 ☐ 503 ☐ 504 ☐ 505 ☐ 506 ☐ 507 ☐ 508 ☐ 509 ☐ 510 ☐ 511 ☐ 512 ☐ 513 ☐ 514 ☐ 515 ☐ 516 ☐ 517 ☐ 518 ☐ 519 ☐ 520 ☐ 521 ☐ 522 ☐ 523 ☐ 524 ☐ 525 ☐ 526 ☐ 527 ☐ 528 ☐ 529 ☐ 530 ☐ 531 ☐ 532 ☐ 533 ☐ 534 ☐ 535 ☐ 536 ☐ 537 ☐ 538 ☐ 539 ☐ 540 ☐ 541 ☐ 542 ☐ 543 ☐ 544 ☐ 545 ☐ 546 ☐ 547 ☐ 548 ☐ 549 ☐ 550 ☐ 551 ☐ 552 ☐ 553 ☐ 554 ☐ 555 ☐ 556 ☐ 557 ☐ 558 ☐ 559 ☐ 560 ☐ 561 ☐ 562 ☐ 563 ☐ 564 ☐ 565 ☐ 566 ☐ 567 ☐ 568 ☐ 569 ☐ 570 ☐ 571 ☐ 572 ☐ 573 ☐ 574 ☐ 575 ☐ 576 ☐ 577 ☐ 578 ☐ 579 ☐ 580 ☐ 581 ☐ 582 ☐ 583 ☐ 584 ☐ 585 ☐ 586 ☐ 587 ☐ 588 ☐ 589 ☐ 590 ☐ 591 ☐ 592 ☐ 593 ☐ 594 ☐ 595 ☐ 596 ☐ 597 ☐ 598 ☐ 599 ☐ 600 ☐ 601 ☐ 602 ☐ 603 ☐ 604 ☐ 605 ☐ 606 ☐ 607 ☐ 608 ☐ 609 ☐ 610 ☐ 611 ☐ 612 ☐ 613 ☐ 614 ☐ 615 ☐ 616 ☐ 617 ☐ 618 ☐ 619 ☐ 620 ☐ 621 ☐ 622 ☐ 623 ☐ 624 ☐ 625 ☐ 626 ☐ 627 ☐ 628 ☐ 629 ☐ 630 ☐ 631 ☐ 632 ☐ 633 ☐ 634 ☐ 635 ☐ 636 ☐ 637 ☐ 638 ☐ 639 ☐ 640 ☐ 641 ☐ 642 ☐ 643 ☐ 644 ☐ 645 ☐ 646 ☐ 647 ☐ 648 ☐ 649 ☐ 650 ☐ 651 ☐ 652 ☐ 653 ☐ 654 ☐ 655 ☐ 656 ☐ 657 ☐ 658 ☐ 659 ☐ 660 ☐ 661 ☐ 662 ☐ 663 ☐ 664 ☐ 665 ☐ 666 ☐ 667 ☐ 668 ☐ 669 ☐ 670 ☐ 671 ☐ 672 ☐ 673 ☐ 674 ☐ 675 ☐ 676 ☐ 677 ☐ 678 ☐ 679 ☐ 680 ☐ 681 ☐ 682 ☐ 683 ☐ 684 ☐ 685 ☐ 686 ☐ 687 ☐ 688 ☐ 689 ☐ 690 ☐ 691 ☐ 692 ☐ 693 ☐ 694 ☐ 695 ☐ 696 ☐ 697 ☐ 698 ☐ 699 ☐ 700 ☐ 701 ☐ 702 ☐ 703 ☐ 704 ☐ 705 ☐ 706 ☐ 707 ☐ 708 ☐ 709 ☐ 710 ☐ 711 ☐ 712 ☐ 713 ☐ 714 ☐ 715 ☐ 716 ☐ 717 ☐ 718 ☐ 719 ☐ 720 ☐ 721 ☐ 722 ☐ 723 ☐ 724 ☐ 725 ☐ 726 ☐ 727 ☐ 728 ☐ 729 ☐ 730 ☐ 731 ☐ 732 ☐ 733 ☐ 734 ☐ 735 ☐ 736 ☐ 737 ☐ 738 ☐ 739 ☐ 740 ☐ 741 ☐ 742 ☐ 743 ☐ 744 ☐ 745 ☐ 746 ☐ 747 ☐ 748 ☐ 749 ☐ 750 ☐ 751 ☐ 752 ☐ 753 ☐ 754 ☐ 755 ☐ 756 ☐ 757 ☐ 758 ☐ 759 ☐ 760 ☐ 761 ☐ 762 ☐ 763 ☐ 764 ☐ 765 ☐ 766 ☐ 767 ☐ 768 ☐ 769 ☐ 770 ☐ 771 ☐ 772 ☐ 773 ☐ 774 ☐ 775 ☐ 776 ☐ 777 ☐ 778 ☐ 779 ☐ 780 ☐ 781 ☐ 782 ☐ 783 ☐ 784 ☐ 785 ☐ 786 ☐ 787 ☐ 788 ☐ 789 ☐ 790 ☐ 791 ☐ 792 ☐ 793 ☐ 794 ☐ 795 ☐ 796 ☐ 797 ☐ 798 ☐ 799 ☐ 800 ☐ 801 ☐ 802 ☐ 803 ☐ 804 ☐ 805 ☐ 806 ☐ 807 ☐ 808 ☐ 809 ☐ 810 ☐ 811 ☐ 812 ☐ 813 ☐ 814 ☐ 815 ☐ 816 ☐ 817 ☐ 818 ☐ 819 ☐ 820 ☐ 821 ☐ 822 ☐ 823 ☐ 824 ☐ 825 ☐ 826 ☐ 827 ☐ 828 ☐ 829 ☐ 830 ☐ 831 ☐ 832 ☐ 833 ☐ 834 ☐ 835 ☐ 836 ☐ 837 ☐ 838 ☐ 839 ☐ 840 ☐ 841 ☐ 842 ☐ 843 ☐ 844 ☐ 845 ☐ 846 ☐ 847 ☐ 848 ☐ 849 ☐ 850 ☐ 851 ☐ 852 ☐ 853 ☐ 854 ☐ 855 ☐ 856 ☐ 857 ☐ 858 ☐ 859 ☐ 860 ☐ 861 ☐ 862 ☐ 863 ☐ 864 ☐ 865 ☐ 866 ☐ 867 ☐ 868 ☐ 869 ☐ 870 ☐ 871 ☐ 872 ☐ 873 ☐ 874 ☐ 875 ☐ 876 ☐ 877 ☐ 878 ☐ 879 ☐ 880 ☐ 881 ☐ 882 ☐ 883 ☐ 884 ☐ 885 ☐ 886 ☐ 887 ☐ 888 ☐ 889 ☐ 890 ☐ 891 ☐ 892 ☐ 893 ☐ 894 ☐ 895 ☐ 896 ☐ 897 ☐ 898 ☐ 899 ☐ 900 ☐ 901 ☐ 902 ☐ 903 ☐ 904 ☐ 905 ☐ 906 ☐ 907 ☐ 908 ☐ 909 ☐ 910 ☐ 911 ☐ 912 ☐ 913 ☐ 914 ☐ 915 ☐ 916 ☐ 917 ☐ 918 ☐ 919 ☐ 920 ☐ 921 ☐ 922 ☐ 923 ☐ 924 ☐ 925 ☐ 926 ☐ 927 ☐ 928 ☐ 929 ☐ 930 ☐ 931 ☐ 932 ☐ 933 ☐ 934 ☐ 935 ☐ 936 ☐ 937 ☐ 938 ☐ 939 ☐ 940 ☐ 941 ☐ 942 ☐ 943 ☐ 944 ☐ 945 ☐ 946 ☐ 947 ☐ 948 ☐ 949 ☐ 950 ☐ 951 ☐ 952 ☐ 953 ☐ 954 ☐ 955 ☐ 956 ☐ 957 ☐ 958 ☐ 959 ☐ 960 ☐ 961 ☐ 962 ☐ 963 ☐ 964 ☐ 965 ☐ 966 ☐ 967 ☐ 968 ☐ 969 ☐ 970 ☐ 971 ☐ 972 ☐ 973 ☐ 974 ☐ 975 ☐ 976 ☐ 977 ☐ 978 ☐ 979 ☐ 980 ☐ 981 ☐ 982 ☐ 983 ☐ 984 ☐ 985 ☐ 986 ☐ 987 ☐ 988 ☐ 989 ☐ 990 ☐ 991 ☐ 992 ☐ 993 ☐ 994 ☐ 995 ☐ 996 ☐ 997 ☐ 998 ☐ 999 ☐ 1000 ☐ 1001 ☐ 1002 ☐ 1003 ☐ 1004 ☐ 1005 ☐ 1006 ☐ 1007 ☐ 1008 ☐ 1009 ☐ 1010 ☐ 1011 ☐ 1012 ☐ 1013 ☐ 1014 ☐ 1015 ☐ 1016 ☐ 1017 ☐ 1018 ☐ 1019 ☐ 1020 ☐ 1021 ☐ 1022 ☐ 1023 ☐ 1024 ☐ 1025 ☐ 1026 ☐ 1027 ☐ 1028 ☐ 1029 ☐ 1030 ☐ 1031 ☐ 1032 ☐ 1033 ☐ 1034 ☐ 1035 ☐ 1036 ☐ 1037 ☐ 1038 ☐ 1039 ☐ 1040 ☐ 1041 ☐ 1042 ☐ 1043 ☐ 1044 ☐ 1045 ☐ 1046 ☐ 1047 ☐ 1048 ☐ 1049 ☐ 1050 ☐ 1051 ☐ 1052 ☐ 1053 ☐ 1054 ☐ 1055 ☐ 1056 ☐ 1057 ☐ 1058 ☐ 1059 ☐ 1060 ☐ 1061 ☐ 1062 ☐ 1063 ☐ 1064 ☐ 1065 ☐ 1066 ☐ 1067 ☐ 1068 ☐ 1069 ☐ 1070 ☐ 1071 ☐ 1072 ☐ 1073 ☐ 1074 ☐ 1075 ☐ 1076 ☐ 1077 ☐ 1078 ☐ 1079 ☐ 1080 ☐ 1081 ☐ 1082 ☐ 1083 ☐ 1084 ☐ 1085 ☐ 1086 ☐ 1087 ☐ 1088 ☐ 1089 ☐ 1090 ☐ 1091 ☐ 1092 ☐ 1093 ☐ 1094 ☐ 1095 ☐ 1096 ☐ 1097 ☐ 1098 ☐ 1099 ☐ 1100 ☐ 1101 ☐ 1102 ☐ 1103 ☐ 1104 ☐ 1105 ☐ 1106 ☐ 1107 ☐ 1108 ☐ 1109 ☐ 1110 ☐ 1111 ☐ 1112 ☐ 1113 ☐ 1114 ☐ 1115 ☐ 1116 ☐ 1117 ☐ 1118 ☐ 1119 ☐ 1120 ☐ 1121 ☐ 1122 ☐ 1123 ☐ 1124 ☐ 1125 ☐ 1126 ☐ 1127 ☐ 1128 ☐ 1129 ☐ 1130 ☐ 1131 ☐ 1132 ☐ 1133 ☐ 1134 ☐ 1135 ☐ 1136 ☐ 1137 ☐ 1138 ☐ 1139 ☐ 1140 ☐ 1141 ☐ 1142 ☐ 1143 ☐ 1144 ☐ 1145 ☐ 1146 ☐ 1147 ☐ 1148 ☐ 1149 ☐ 1150 ☐ 1151 ☐ 1152 ☐ 1153 ☐ 1154 ☐ 1155 ☐ 1156 ☐ 1157 ☐ 1158 ☐ 1159 ☐ 1160 ☐ 1161 ☐ 1162 ☐ 1163 ☐ 1164 ☐ 1165 ☐ 1166 ☐ 1167 ☐ 1168 ☐ 1169 ☐ 1170 ☐ 1171 ☐ 1172 ☐ 1173 ☐ 1174 ☐ 1175 ☐ 1176 ☐ 1177 ☐ 1178 ☐ 1179 ☐ 1180 ☐ 1181 ☐ 1182

MAILING LISTS

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list? Yes ☐ No ☒

TRAINING REQUESTS

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- | | |
|---|---|
| ☐ Site Health and Safety | ☐ Asbestos |
| ☐ Material Recycling Facilities | ☐ Compliance Inspections |
| ☐ Transfer Stations | ☐ Debris Management |
| ☐ Equipment Maintenance | ☐ Household Hazardous Waste and Electronic Waste Collection Events |
| ☒ Site O&M | |
| ☐ Asbestos | ☐ Landfarming |
| ☒ Burn Piles | ☐ Landfill Fires |
| ☒ Composting | ☐ Landfill Gas |
| ☐ Contaminated Soils | ☐ Leachate Management |
| ☐ Electronic Waste | ☐ Recycling |
| ☐ Resource Recovery | ☐ Tires |
| ☐ Waste Screening | |
| ☐ Groundwater Monitoring and Corrective Action | |
| ☐ Household Hazardous Waste and CESQG | |

☐ Other: _____

CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: _____

Title: DIRECTOR PUBLIC WORKS

Date: 2/4/12

The completed form must be submitted to the Department by April 1st.

Send completed form to: MONTANA DEQ
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901

SOLID WASTE ACCEPTANCE FORM

The Department's Solid Waste Program maintains a list of 'Who Accepts What Waste' on the DEQ's website. In an effort to maintain accurate information, please indicate which wastes you accept for either disposal or management at your facility. The Department will use the information that you provide to update the list. Please also feel free to add those wastes that you manage or dispose of at your facility that are not listed on this form.

<i>Please ✓ if accepted at your facility</i>	
	Used Motor Oil
	Used Batteries
	Discarded Appliances with CFC's removed
	Discarded Appliances containing CFC's
	Tires
	Ferrous Metals
	Non-Ferrous Metals
	Yard and Garden Waste
	Brush
	Petroleum Contaminated Soil
	Sewage Treatment Sludge
	Water Treatment Sludge
	CESQG
	Grease Trap Wastes
	Construction and Demolition Debris
	Mobile Homes
	Friable Asbestos
	Non-friable Asbestos
	Waste Asphalt
	Waste Concrete
	Paint
	Ash from open-burning
	Coal Combustion Wastes
	Dead Animals
	Offal/Butcher Waste
	Household Hazardous Waste
	Antifreeze
	Manure
	Oilfield Exploration and Production Wastes
	Street Sweepings
	Sand Blasting Residues
	Empty Pesticide Containers
	Electronics (E-Waste)

Montana 2012 Recycling and Diversion Data*

Waste Material Categories	Itemized Materials	Accepted? ☒ if yes	Specify Unit of Measure (tons, pounds, or cubic yards)	Amount Recycled or Diverted	Where was the recycled/diverted material shipped or sold?
Paper:	Office Paper (high grade)				
	Newspaper				
	Mixed Paper				
	Phonebooks				
Cardboard:	Corrugated				
	Paperboard				
Metals:	Aluminum Cans				
	Steel Cans				
	White Goods				
	Auto Scrap				
	Industrial Non-Ferrous				
	Industrial Ferrous				
	Other steel				
Batteries:	Vehicle Batteries				
	Other Batteries (AA's, etc)				
Plastics:	PET #1				
	HDPE #2				
	#1 and #2				
	Mixed plastic				
Organics:	Food Residuals				
	Yard trimmings				
	Agricultural Organics				
	Biosolids				
	Other Compostable				
Wood:	Dimensional Lumber				
	Landscape trimmings	✓	10 TONS	10 TONS	COMPOSTING ON-SITE
	Mixed wood				
Aggregates:	Concrete				
	Asphalt pavement				
	Asphalt shingles				
	Other				
Coal Combustion Waste:	Fly Ash				
	Bottom Ash				
Textiles:	Carpet				
	Clothing				
	Other				
Glass:	Mixed Glass				
Tires:	Passenger Tires				
	Commercial Tires				
Fluids:	Used Motor Oil				
	Anti-Freeze				
	Waste Vegetable/Cooking Oil				
	Other				
Electronics:	E-Waste				
Other (please specify):					

* please see instructions on reverse



Montana Department of
ENVIRONMENTAL QUALITY

PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

CITY OF HAVRE BURN SITE
MINOR CLASS III FACILITY
(FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT
1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY
FOR THE PERIOD

JULY 1, 2012 TO JUNE 30, 2013

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 14, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2013.

DEPARTMENT OF ENVIRONMENTAL QUALITY
SOLID WASTE MANAGEMENT DIVISION
PO BOX 20607
HELENA, MT 59620-0607
406-444-3322

Montana Department of
ENVIRONMENTAL QUALITY



STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
LICENSED TO OPERATE THE

CITY OF HAVRE BURN SITE
MINOR CLASS III FACILITY
FOR THE ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY

LOCATED AT

1705 SHEPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

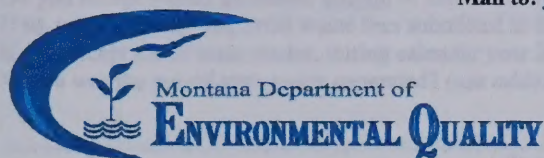
JULY 1, 2012 TO JUNE 30, 2013

THE ABOVE LICENSE IS CONDITIONED ON THE LICENSEE'S COMPLIANCE WITH THE SOLID WASTE MANAGEMENT ACT AND THE RULES AND REGULATIONS THEREUNDER. THE LICENSEE SHALL BE WAIVED FROM THE REQUIREMENT TO SUBMIT ANNUAL REPORTS TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY FOR THE YEAR IN WHICH THE LICENSE IS RENEWED. THE LICENSEE SHALL BE WAIVED FROM THE REQUIREMENT TO SUBMIT ANNUAL REPORTS TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY FOR THE YEAR IN WHICH THE LICENSE IS RENEWED. THE LICENSEE SHALL BE WAIVED FROM THE REQUIREMENT TO SUBMIT ANNUAL REPORTS TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY FOR THE YEAR IN WHICH THE LICENSE IS RENEWED.

EDWARD A. THAME, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT DIVISION

THIS LICENSE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2013.

Mail to: dpeterson@ci.havre.mt.us



**SOLID WASTE MANAGEMENT SYSTEM
LICENSE RENEWAL APPLICATION FORM**
(License Year: July 1, 2012 through June 30, 2013)

ADMINISTRATIVE INFORMATION

PLEASE REVIEW AND PROVIDE CORRECTED AND/OR MISSING INFORMATION.

License #392 - Minor Class III Facility
City of Havre Burn Site
1705 Sheppard Road North, Havre, MT 59501
Hill County

Facility Phone:

Is this information correct? Yes ☒ No ☐

Facility Contact:

David Peterson Director of Public Works

PO Box 231, Havre, MT 59501

Phone: 406/ 265-4941; Fax: 406/262-9459

Email: dpeterson@ci.havre.mt.us

Is this information correct? Yes ☒ No ☐

Location of facility operating records:

SERVICE AREA, SYSTEM CAPACITY, AND ANNUAL DISPOSAL

Service Area (areas served by your facility or system): City of Havre

Population of Service Area: 9,800

What is the total volume of solid waste present on-site as of December 31, 2011.

N/A tons OR yds³

ANNUAL DISPOSAL

For facilities that **operate scales**, provide your annual tonnage based on scale records for calendar year 2011

N/A Tons

For facilities that **do not operate scales**, provide your annual volume based on waste records for calendar year 2011 (Attach copies of the waste measurement records - monthly summaries are acceptable)

 #Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

0 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = 0 Tons

FY13 SWMS License Renewal Application

RECEIVED
FEB 02 2012
DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU



APPLICANT INFORMATION

PLEASE REVIEW AND PROVIDE CORRECTED ANSWERS MISSING INFORMATION

Licensee Name - John Doe
City of New York
1234 Broadway, New York, NY 10001
NYC
County Name
Is this license current? ☒ Yes ☐ No

County Name
State Name - State of New York
NY 12345, New York, NY 10001
Phone 212 123-4567, Fax 212-345-6789
Email: john.doe@nyc.gov
Is this information current? ☒ Yes ☐ No

Location of facility operating records

NEW YORK STATE ENVIRONMENTAL QUALITY AND GENERAL INFORMATION

Section Name (must be used by your facility or agency, City of New York)

Population of facility area 500

What is the total volume of solid waste placed on-site as of December 31, 2011?

N/A tons 0 of 0 tons

WASTE MANAGEMENT

For facilities that generate solid waste, provide your annual management record on waste records for calendar year 2011

N/A tons

For facilities that do not generate solid waste, provide your annual volume of waste records for calendar year 2011 (Attach copies of the waste management records - including manifests and receipts)

Waste Type: 0 tons
Waste Type: 0 tons

Waste Type: 0 tons
Waste Type: 0 tons

RECEIVED

FEB 08 2012

DEPT OF ENVIRONMENTAL QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

Do you accept wastes generated outside of Montana. Yes ☐ No ☒

If so, were quarterly imported waste fees submitted to the Department? Yes ☐ No ☐

If you accept out of state wastes, during calendar year 2011, what was the total tonnage accepted? _____

Where was the out-of-state waste generated? (use additional sheets if necessary)

City State County

City State County

FOR TIRE ONLY FACILITIES:

Number of tires accepted during 2011 for disposal..... _____

Number of tires accepted during 2011 for storage..... _____

Number of tires accepted during 2011 for recycling..... _____

Disposal fee per tire \$ _____

FINANCIAL ASSURANCE

If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the annual updates to the FA cost estimates, required per ARM 17.540, are due by **April 1, 2012**.

Are you required to maintain FA? Yes ☐ No ☒

Has the annual cost estimate update been completed? Yes ☐ No ☐

Have you submitted this annual cost estimate update to the Department? Yes ☐ No ☐

If not, by what date will you submit the update? _____

(Required)

Inflation Multiplier: The total amount of FA must be adjusted annually for inflation for each mechanism selected to provide adequate landfill FA as required [ARM 17.50.540]. The annual inflation multiplier is derived from the implicit price deflator (IPD) for gross domestic product (GDP) based on the latest final year-end figure available in time for the submission deadline. The deflator is published by the Bureau of Economic Analysis, U.S. Department of Commerce, and may be found at the webpage <http://www.bea.gov/National/nipaweb/Index.asp>. The inflation multiplier for the current year update is **1.0115**.

MISCELLANEOUS FACILITY INFORMATION

WASTE COLLECTION EVENTS:

Do you plan to hold any of the following events this year?

Household Hazardous Waste Collection Event Yes ☐ No ☒

Paint Swap Event Yes ☐ No ☒

Electronics Waste Collection Event Yes ☐ No ☒

Other (please specify): _____

DISPOSAL FEES:

How do you assess fees for disposal of solid waste? (Check all methods that apply)

☐ Tipping fee at gate \$ _____/ton
\$ _____/cubic yard

-and/or-

☐ Service charge

☐ Tax assessment

Annual residential rate \$ _____ Does this rate include residential pickup? Yes ☐ No ☐

☒ Other (please describe) **CLOSED SITE. ONLY OPEN TO CITY OF HANDE**

LANDFILL STAFF:

How many employees (FTE) work in your solid waste program? **5**

How many hours of safety training did they receive last year? **52**

Hours of hazardous waste training? **—**

Hours of solid waste operators training? **—**

MAILING LISTS

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list? Yes ☐ No ☒

TRAINING REQUESTS

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

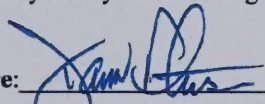
- | | |
|---|---|
| ☒ Site Health and Safety | ☐ Asbestos |
| ☐ Material Recycling Facilities | ☐ Compliance Inspections |
| ☐ Transfer Stations | ☐ Debris Management |
| ☐ Equipment Maintenance | ☐ Household Hazardous Waste and Electronic Waste Collection Events |
| ☐ Site O&M | |
| ☐ Asbestos | ☐ Landfarming |
| ☒ Burn Piles | ☐ Landfill Fires |
| ☒ Composting | ☐ Landfill Gas |
| ☐ Contaminated Soils | ☐ Leachate Management |
| ☐ Electronic Waste | ☐ Recycling |
| ☐ Resource Recovery | ☐ Tires |
| ☐ Waste Screening | |
| ☐ Groundwater Monitoring and Corrective Action | |
| ☐ Household Hazardous Waste and CESQG | |

☐ Other: _____

CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: 

Print Name Here: DAVID PETERSON

Title: DIRECTOR OF PUBLIC WORKS Date: 2/1/12

The completed form must be submitted to the Department by April 1st.

Send completed form to: MONTANA DEQ
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901

The Department is periodically contacted by various organizations, associations, and members of the general public requesting a mailing list of licensed hazardous waste facilities. However, this law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list? Yes ☐ No ☒

TELEPHONE RECORDS

In order to provide information regarding the facility operator, please check your telephone records for the last two years.

- | | |
|--|---|
| ☒ No calls and calls | ☐ Unknown |
| ☐ National Reporting Center | ☐ Compliance Inspection |
| ☐ Hazardous Waste | ☐ Other Department |
| ☐ Department Administrator | ☐ Hazardous Waste and |
| ☐ Site Call | ☐ Electronic Waste Collection Events |
-
- | | |
|--|--|
| ☐ Unknown | ☐ Landfilling |
| ☐ Non HRC | ☐ Landfill Permit |
| ☐ Composting | ☐ Landfill Gas |
| ☐ Comminuted Solid | ☐ Landfill Management |
| ☐ Hazardous Waste | ☐ Leaching |
| ☐ Resource Recovery | ☐ Tires |
| ☐ Waste Recycling | |
| ☐ Groundwater Monitoring and Cleanup Action | |
| ☐ Hazardous Waste and CERCLA | |

Other ☐

DECLARATION

I am authorized representative of the facility (name and site) (see back)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: [Signature]
 Print Name Here: David Patterson
 Title: Director of Air Waste
 Date: 2/1/12

The completed form must be submitted to the Department by April 1.

Send completed form to:
 MONTANA DEQ
 SOLID WASTE SECTION
 PO BOX 20001
 HELENA, MT 59620-0001

Hendrickson, Mary

From: David Peterson [dpeterson@ci.havre.mt.us]
Sent: Wednesday, February 01, 2012 3:03 PM
To: Hendrickson, Mary
Subject: License #393 Completed Renewal Application
Attachments: scan0001.pdf; scan0002.pdf; scan0003.pdf

Mary,

Attached is the application that was attached to e-mail that you sent to me. If you need anything else please let me know.

Please respond that you have received my e-mail.

Thanks,

Dave Peterson

Public Works Director

City of Havre

406 265-4941



Hendrickson, Mary

From: Dave Peterson (dpeterson@cityofhwa.com)
Sent: Wednesday, February 07, 2013 3:03 PM
To: Hendrickson, Mary
Subject: License Waiver Application
Attachments: scan0001.pdf; scan0002.pdf; scan0003.pdf

Mary,

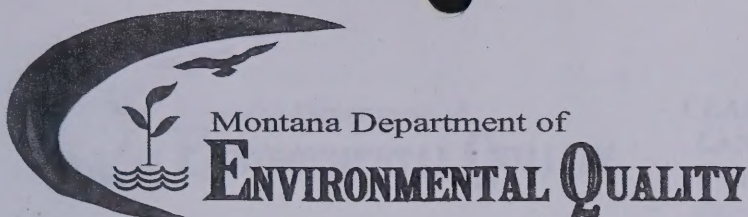
Attached is the application that was attached to e-mail that you sent to me. If you need anything else please let me know.

Please respond that you have received my e-mail.

Thank,

Dave Peterson
Public Works Director
City of Hwa
408 268-4941





PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
IS LICENSED TO OPERATE THE

CITY OF HAVRE BURN SITE
MINOR CLASS III FACILITY
(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2011 TO JUNE 30, 2012

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 14, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2012.

PERMITTED AND CONTROLLED BY THE
WASTE AND UNDERGROUND TANK MANAGEMENT DIVISION
SOLID WASTE LICENSE PROGRAM
PO BOX 20001
HELENA, MT 59620-0001
406-444-3200

Montana Department of
ENVIRONMENTAL QUALITY



STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE
PERMITTED TO OPERATE THE

CITY OF HAVRE BURN SITE
MINOR CLASS III FACILITY
(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPARD ROAD NORTH HAVRE, MT 59501

HILL COUNTY

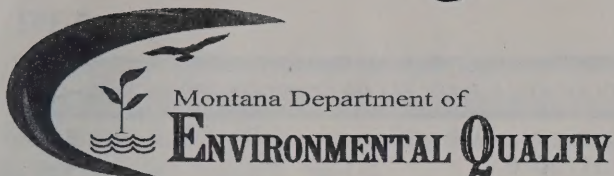
FOR THE PERIOD

JULY 1, 2011 TO JUNE 30, 2012

THIS ANNUAL LICENSE IS CONDITIONED ON THE COMPLETION AND MAINTENANCE OF THE SYSTEM AS APPROVED BY THE
DEPARTMENT AND ON OPERATIONS PERMITTED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO
COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 17, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED
AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 10, AND CHAPTERS 4, 5, AND 10 - 12, INCLUDING THE PAYMENT OF
APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTION, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAWKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT DIVISION

THIS CERTIFICATE IS NOT VALID UNTIL A LICENSE RENEWAL APPLICATION IS FILED BY JULY 1, 2012



CLASS III SOLID WASTE MANAGEMENT SYSTEM
LANDFILL, BURN SITE, RESOURCE RECOVERY
FY12 LICENSE RENEWAL APPLICATION FORM
(July 1, 2011 through June 30, 2012)

1-392

ADMINISTRATIVE INFORMATION

Facility License Number: 392 Facility Tax ID Number: 81-6001274
Facility Name: City of Havre Burn Site - Minor Class III Facility
Facility Location: 1705 Sheppard Road North - Havre, MT 59501
County: Hill County
Facility Phone Number:
Service Area (areas served by your facility or system): Hill County
Population of Service Area: 9,800

Owner

Name: City of Havre
Owner Mailing Address: PO Box 231 - Havre, MT 59501
Contact Name: David Peterson
Contact Title: Director of Public Works
Contact E-mail Address: dpeterson@ci.havre.mt.us
Contact Phone Number: 406/265-4941 Contact Fax Number: 406/262-9459

RECEIVED
FEB 01 2011
DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name:
Owner Mailing Address:
Contact Name:
Contact Title:
Contact E-mail Address:
Contact Phone Number:

Location of facility operating records: Public Works Office, 520 4th Street, Havre, MT

ANNUAL DISPOSAL (TONS RECEIVED AT THE FACILITY FOR DISPOSAL BY LANDFILLING OR OPEN BURNING)

(Attach copies of the waste measurement records - monthly summaries are acceptable)

For facilities that operate scales, provide your annual tonnage based on scale records for calendar year 2010
(1/1/2010 to 12/31/2010) N/A Tons

For facilities that do not operate scales, provide your annual volume based on waste records for calendar year 2010
(1/1/2010 to 12/31/2010)

#Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

0 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = 0 Tons

CURRENT REMAINING LANDFILL CAPACITY (FOR FACILITIES THAT LANDFILL WASTES, PLEASE COMPLETE THIS SECTION)

What is the total volume of solid waste present on-site as of December 31, 2010.

N/A tons OR yds³

Remaining Air Space (yds³): N/A Remaining Acreage: N/A

Remaining Life (years): N/A

Acres currently open: All Acres Currently Closed: None

Information derived from:

Engineering Reports ☐ Acreage Calculations ☐

Other: All materials burned and hauled to landfill.

FACILITY OPERATIONS**OPEN BURNING:**

Our records indicate that you **currently** conduct open burning of clean wood wastes.

Is this correct? Yes ☒ No ☐

Is this activity described in your current operation and maintenance plan on file with the Department?

Yes ☒ No ☐ N/A ☐

Do you have a current landfill open burning permit from the Department's Air Quality Bureau?

Yes ☐ No ☒ N/A ☐

For those facilities that conduct open burning of clean wood wastes, how often is open burning conducted at your facility?

☐ monthly ☐ quarterly ☐ semi-annually ☐ annually ☒ as-needed

Do you wish to be contacted by Department personnel for assistance with open-burning at your facility?

Yes ☐ No ☒

COMPOSTING:

Our records indicate that you **currently** operate a composting program.

Is this correct? Yes ☒ No ☐

Is this activity described in your current operation and maintenance plan on file with the Department?

Yes ☒ No ☐ N/A ☐

For those facilities that operate a composting program, what composting method is used?

(Windrows, static aerated piles, etc.) Windrows and Piles

For those facilities that operate a composting program, please provide information on the types of materials composted and the volume of compost produced in the table below:

TYPE OF COMPOSTABLE ACCEPTED	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE OF COMPOST PRODUCED
Wood Chips, Leaves, Grass	6-8 tons	Less 8 Tons

Do you wish to be contacted by Department personnel for assistance with the establishment or on-going management of a composting program? Yes ☐ No ☒

TIRES:

Our records indicate that your facility **does not accept** tires for disposal/recycling/recovery.

Is this correct? Yes ☒ No ☐

Is this activity described in your current O&M Plan on file with the Department? Yes ☐ No ☐ N/A ☒

For those facilities that accept tires, please provide the following:

1. Number of tires accepted for disposal: _____
2. Number of tires accepted for recycling: _____ Recycling method: _____
3. Approximate percentage of the total waste stream: _____ %
4. Disposal fee per tire: \$ _____

WASTE COLLECTION EVENTS:

Will your facility hold any of the following events this year?

Household Hazardous Waste Collection Event Yes ☐ No ☒

Paint Swap Event Yes ☐ No ☒

Electronics Waste Collection Event Yes ☐ No ☒

Other (please specify): _____

Do you wish to be contacted by Department personnel for assistance with a special collection event? Yes ☐ No ☒

DISPOSAL FEES:

How do you assess fees for disposal of solid waste? (Check all methods that apply)

☐ Tipping fee at gate \$ _____ /ton
\$ _____ /cubic yard

-and/or-

☐ Service charge

☐ Tax assessment

Annual residential rate \$ _____ Does this rate include residential pickup? Yes ☐ No ☐

☒ Other (please describe) City Disposal Site Only

CHANGES/UPDATES TO FACILITY OPERATIONS:

Have any of the following facility operations changed over the last year (check if applicable):

Design/New Unit ☐ Waste Tracking ☐ Waste Screening ☐ Special Wastes Accepted ☐

Litter Control ☐ Cover ☐ Leachate Management ☐ Storm Water Control ☐

Closure ☐ Post-Closure ☐

If you have made changes during the last year, have you updated the appropriate documents and submitted those to the Department for approval?

Yes ☐ No ☐ N/A ☒

LANDFILL STAFF:

How many employees (full time equivalent) work in your solid waste program? 5

How many hours of safety training did they receive last year? 52

Hours of hazardous waste training? _____

Hours of solid waste operators training? _____

TIME/DAYS OF FACILITY OPERATION

The times and days of facility operation are: Closed to Public, Access Controlled by City

WASTE ACCEPTANCE AND DIVERSION

Instructions:

1. Verify the materials accepted and managed at your facility.
2. Check the accuracy of DEQ's records, add or delete as necessary.
3. Document the process in which each accepted material is handled. (For example, are materials "Recycled", "Composted", "Landfilled", or "Landfarmed"?)
4. If the material is transported off-site, please provide the destination. (For example – "Pacific Steel in Great Falls")

Provide an accurate quantity and specify the units such as "tons," "pounds," "each," or "yards".

WASTE STREAM	ACCEPTED?	PROCESS FOR HANDLING MATERIALS	DESTINATION IF TRANSPORTED OFF-SITE *	VOLUME OR TONNAGE PROCESSED IN 2010 (SPECIFY UNITS USED)
Used Motor Oil				
Automobile Batteries				
White Goods (appliances)				
Tires				
Scrap Metal				
Yard Waste				
Contaminated Soil				
Sewage Sludge				
Construction and Demolition Debris			N/A To This Site	
Friable Asbestos				
Non-friable Asbestos			Closed To Public	
Asphalt				
Ash from disposal burning				
Coal Combustion Waste				
Infectious Medical Waste				
Household Hazardous Waste				
Antifreeze				
Cardboard (OCC)				
Newspaper				
Magazines				
White/Office Paper				
Mixed Paper				
Directories (phone, etc.)				
Aluminum Cans				
Steel Cans				
Glass				
Plastic-#1 (clear)				
Plastic-#2 (opaque)				
Electronics				
Concrete				
Other:				

Do you have a separate area for the management of recyclable items? Yes ☐ No ☒

Do you provide drop-off bins for the collection or storage of recyclable items at the facility? Yes ☐ No ☐

Do you wish to be contacted by Department personnel to discuss the establishment or on-going management of a recycling program? Yes ☒ No ☐

MAILING LISTS

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of Montana Solid Waste Facilities. However, State law (2-6-109, MCA) prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information released for use on a mailing list? Yes ☐ No ☒

CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: David Peterson

Title: Public Works Director

Date: 2/1/11

TRAINING REQUESTS

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- | | |
|---|--|
| ☒ Site Health and Safety | ☐ Asbestos |
| ☐ Material Recycling Facilities | ☐ Compliance Inspections |
| ☐ Transfer Stations | ☐ Debris Management |
| ☒ Equipment Maintenance | ☐ Household Hazardous Waste and
Electronic Waste Collection Events |
| ☒ Site O&M | |
| ☐ Asbestos | ☐ Landfarming |
| ☒ Burn Piles | ☐ Leachate Management |
| ☒ Composting | ☐ Recycling |
| ☐ Contaminated Soils | ☐ Resource Recovery |
| ☐ Electronic Waste | ☐ Tires |
| ☐ Groundwater Monitoring and Corrective Action | |
| ☐ Household Hazardous Waste and CESQG | |
| ☐ Waste Screening | |

☐ Other: _____

The completed form must be submitted to the Department by April 1st.

**Send completed form to: MONTANA DEQ
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901**



Montana Department of
ENVIRONMENTAL QUALITY

PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE

IS LICENSED TO OPERATE THE

CITY OF HAVRE BURN SITE
MINOR CLASS III FACILITY

(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

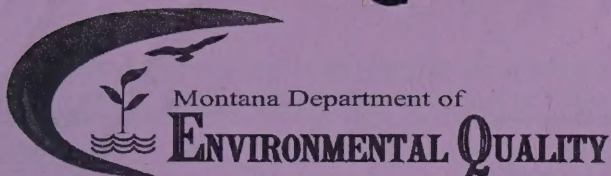
FOR THE PERIOD

JULY 1, 2010 TO JUNE 30, 2011

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 10 - 14, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS, LICENSE REVOCATION, OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

THIS CERTIFICATE IS NOT TRANSFERABLE. A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2011.



CLASS III SOLID WASTE MANAGEMENT SYSTEM
LANDFILL, BURN SITE, RESOURCE RECOVERY
LICENSE RENEWAL APPLICATION FORM

1-392

ADMINISTRATIVE INFORMATION

Facility License Number: 392 Facility Tax ID Number: 81-6001274
Facility Name: City of Havre Burn Site - Minor Class III Facility
Facility Location: 1705 Sheppard Road North - Havre, MT 59501
County: Hill County
Service Area (areas served by your facility or system): Hill County

Population of Service Area: 9,800

Owner

Name: City of Havre
Owner Mailing Address: PO Box 231 - Havre, MT 59501
Contact Name: David Peterson
Contact Title: Director of Public Works
Contact E-mail Address: dpeterson@ci.havre.mt.us
Contact Phone Number: 406/ 265-4941 Contact Fax Number: 406/262-9459

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name:
Owner Mailing Address:
Contact Name:
Contact Title:
Contact E-mail Address:
Contact Phone Number:

Location of facility operating records: Public Works Office, 520 4th Street, Havre, MT

ANNUAL DISPOSAL (TONS RECEIVED AT THE FACILITY FOR DISPOSAL BY LANDFILLING OR OPEN BURNING)

(Attach copies of the waste measurement records - monthly summaries are acceptable)

For facilities that operate scales, provide your **annual tonnage** based on scale records for calendar year 2009
(1/1/2009 to 12/31/2009) N/A Tons

For facilities that do not operate scales, provide your **annual volume** based on waste records for calendar year 2009
(1/1/2009 to 12/31/2009)

#Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

0 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = 0 Tons

RECEIVED

FEB 05 2010

CURRENT REMAINING LANDFILL CAPACITY (FOR FACILITIES THAT LANDFILL WASTES, PLEASE COMPLETE THIS SECTION)

What is the total volume of solid waste present on-site as of December 31, 2009.

N/A tons OR yds³

Remaining Air Space (yds³): N/A

Remaining Acreage: N/A

Remaining Life (years): N/A

Acres currently open: All

Acres Currently Closed: None

Information derived from:

Engineering Reports ☐ Acreage Calculations ☒

Other: All Materials Burned and Hauled to Landfill.

FACILITY OPERATIONS**OPEN BURNING:**

Our records indicate that you **currently** conduct open burning of clean wood wastes.

Is this correct? Yes ☒ No ☐

Is this activity described in your current operation and maintenance plan on file with the Department?

Yes ☒ No ☐ N/A ☐

Do you have a current landfill open burning permit from the Department's Air Quality Bureau?

Yes ☐ No ☒ N/A ☐

For those facilities that conduct open burning of clean wood wastes, how often is open burning conducted at your facility?

☐ monthly ☐ quarterly ☐ semi-annually ☐ annually ☒ as-needed
No burning in last 6 years

Do you wish to be contacted by Department personnel for assistance with open-burning at your facility?

Yes ☐ No ☒

COMPOSTING:

Our records indicate that you **currently** operate a composting program.

Is this correct? Yes ☒ No ☐

Is this activity described in your current operation and maintenance plan on file with the Department?

Yes ☒ No ☐ N/A ☐

For those facilities that operate a composting program, what composting method is used?

(Windrows, static aerated piles, etc.) Windrows, Piles

For those facilities that operate a composting program, please provide information on the types of materials composted and the volume of compost produced in the table below:

TYPE OF COMPOSTABLE ACCEPTED	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE OF COMPOST PRODUCED
Wood Chips, leaves, grass	8 Tons	Less 8 Tons

Do you wish to be contacted by Department personnel for assistance with the establishment or on-going management of a composting program? Yes ☐ No ☒

TIRES:

Our records indicate that your facility **does not accept** tires for disposal/recycling/recovery.

Is this correct? Yes ☒ No ☐

Is this activity described in your current O&M Plan on file with the Department? Yes ☐ No ☐ N/A ☒

For those facilities that accept tires, please provide the following:

1. Number of tires accepted for disposal: _____
2. Number of tires accepted for recycling: _____ Recycling method: _____
3. Approximate percentage of the total waste stream: _____ %
4. Disposal fee per tire: \$ _____

WASTE COLLECTION EVENTS:

Will your facility hold any of the following events this year?

Household Hazardous Waste Collection Event Yes ☐ No ☒

Paint Swap Event Yes ☐ No ☒

Electronics Waste Collection Event Yes ☐ No ☒

Other (please specify): _____

Do you wish to be contacted by Department personnel for assistance with a special collection event? Yes ☐ No ☒

DISPOSAL FEES:

How do you assess fees for disposal of solid waste? (Check all methods that apply)

☐ Tipping fee at gate \$ _____ /ton
\$ _____ /cubic yard

-and/or-

☐ Service charge

☐ Tax assessment

Annual residential rate \$ _____ Does this rate include residential pickup? Yes ☐ No ☐

☒ Other (please describe) City Disposal Site Only

CHANGES/UPDATES TO FACILITY OPERATIONS:

Have any of the following facility operations changed over the last year (check if applicable):

Design/New Unit ☐ Waste Tracking ☐ Waste Screening ☐ Special Wastes Accepted ☐

Litter Control ☐ Cover ☐ Leachate Management ☐ Storm Water Control ☐

Closure ☐ Post-Closure ☐

If you have made changes during the last year, have you updated the appropriate documents and submitted those to the Department for approval?

Yes ☐ No ☐ N/A ☒

LANDFILL STAFF:

How many employees (full time equivalent) work in your solid waste program? 5

How many hours of safety training did they receive last year? 52

Hours of hazardous waste training? N/A

Hours of solid waste operators training? N/A

TIME/DAYS OF FACILITY OPERATION

The times and days of facility operation are: Closed to Public, City use only as needed

WASTE ACCEPTANCE AND DIVERSION

Our records indicate that your facility currently accepts and manages the wastes as noted below. Please review to ensure our records are accurate. Please note all wastes accepted at your facility and how those wastes managed, whether they are landfilled, reused, recycled, recovered, landfarmed, or composted. For those diverted from disposal in the landfill, please provide the corresponding tonnage or volume of each waste stream diverted. In addition, to avoid double counting, please provide the name of the recycler for the wastes that are sent to an off-site entity for management/use.

Waste Stream	Accepted?	How is it managed?	If shipped off-site, provide recycler name	Volume or tonnage (specify units)
Used Motor Oil				
Automobile Batteries				
White Goods (appliances)				
Tires				
Scrap Metal				
Yard Waste				
Contaminated Soil				
Sewage Sludge				
Construction and Demolition Debris		N/A TO THIS SITE		
Friable Asbestos				
Non-friable Asbestos		CLOSED TO THE PUBLIC		
Asphalt				
Ash from disposal burning				
Coal Combustion Waste				
Infectious Medical Waste				
Household Hazardous Waste				
Antifreeze				
Cardboard (OCC)				
Newspaper				
Magazines				
White/Office Paper				
Mixed Paper				
Directories (phone, etc.)				
Aluminum Cans				
Steel Cans				
Glass				
Plastic-#1 (clear)				
Plastic-#2 (opaque)				
Electronics				
Other:				
Other:				

Do you have a separate area for the management of recyclable items? Yes ☐ No ☒

Do you provide drop-off bins for the collection or storage of recyclable items at the facility? Yes ☐ No ☒

Do you wish to be contacted by Department personnel to discuss the establishment or on-going management of a recycling program? Yes ☒ No ☐

MAILING LISTS

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of Montana Solid Waste Facilities. However, State law (2-6-109, MCA) prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information released for use on a mailing list? Yes ☐ No ☐

CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: David Peterson

Title: Public Works Director

Date: 2/3/10

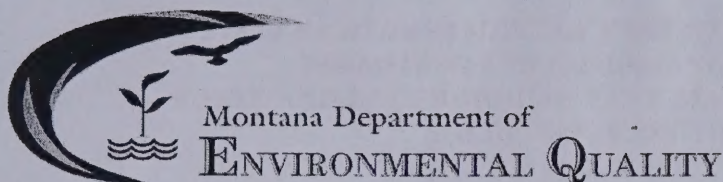
TRAINING REQUESTS

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- | | |
|---|--|
| ☒ Site Health and Safety | ☐ Asbestos |
| ☐ Material Recycling Facilities | ☐ Compliance Inspections |
| ☐ Transfer Stations | ☐ Debris Management |
| ☒ Equipment Maintenance | ☐ Household Hazardous Waste and
Electronic Waste Collection Events |
| ☐ Site O&M | |
| ☐ Asbestos | ☐ Landfarming |
| ☒ Burn Piles | ☐ Leachate Management |
| ☒ Composting | ☐ Recycling |
| ☐ Contaminated Soils | ☐ Resource Recovery |
| ☐ Electronic Waste | ☐ Tires |
| ☐ Groundwater Monitoring and Corrective Action | |
| ☐ Household Hazardous Waste and CESQG | |
| ☐ Waste Screening | |
| ☐ Other: _____ | |

The completed form must be submitted to the Department by April 1st.

Send completed form to: **MONTANA DEQ
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901**



PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

CITY OF HAVRE

IS LICENSED TO OPERATE THE

CITY OF HAVRE BURN SITE
MINOR CLASS III FACILITY

(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 SHEPPARD ROAD NORTH, HAVRE, MT 59501

HILL COUNTY

FOR THE PERIOD

JULY 1, 2009 TO JUNE 30, 2010

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 7, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS OR LICENSE REVOCATION OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
Waste and Underground Tank Management Bureau

THIS LICENSE IS NOT TRANSFERABLE AND A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2010

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
Fax: (406) 444-1374

CLASS III FACILITY SOLID WASTE MANAGEMENT SYSTEM
LICENSE RENEWAL APPLICATION FOR JULY 1, 2009 - JUNE 30, 2010

I. FACILITY LICENSE NUMBER 392 Tax ID Number 81-6001274

II. FACILITY NAME City of Havre Burn Site

III. FACILITY LOCATION (*PHYSICAL ADDRESS*)

1705 Sheppard Road
Street or Route Number (**DO NOT USE P.O. BOX**)

Havre MT 59501 Hill
City State Zip County

IV. MAILING ADDRESS

P.O. Box 231
Street or P.O. Box

Havre MT 59501
City State Zip

V. NAME OF LICENSEE City of Havre

VI. CONTACT PERSON (Person who may be contacted regarding operation of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name David Peterson

VII. CONTACT INFORMATION

(Work) (406) 265-4941 (Cell Phone) (406) 390-1024

(Fax) (406) 262-9459 (E-Mail) dpeterson@ci.havre.mt.us

MAR 18 2009

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

VIII. MAILING ADDRESS OF CONTACT PERSON

P.O. Box 231

Street or P.O. Box

Havre MT 59501

City State Zip

TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Check the appropriate box next to the type of solid waste management facility that you operate and provide the number of facilities for each type.)

	TYPE	QUANTITY
A.	☐ Class II Landfill	_____
B.	☒ Class III Landfill	01
C.	☐ Class III Burn Site	_____
D.	☐ Class IV Landfill	_____
E.	☐ Transfer Station	_____
F.	☐ Composting Facility	_____
G.	☐ Municipal Solid Waste Incinerator	_____
H.	☐ Infectious Waste Treatment Facility	_____
I.	☐ Soil Treatment Facility	_____
J.	☐ Resource Recovery Facility	_____

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes ☐ No ☒

Note:

No more than one landfill may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. **NUMBER OF FACILITIES** (Enter number of facilities you operate under the Facility

License Number in Section II.) 01

B. **SERVICE AREA** (List all areas served by your facility or system.) _____

City of Havre, City Limits

C. **POPULATION OF SERVICE AREA** 9,800

D. ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1
THROUGH DECEMBER 31, 2008 N/A Tons.

E. FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME
BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2008

 #Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

0 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = 0 Tons

Provide copies of waste measurement records (monthly summaries acceptable).

X. ADDITIONAL INFORMATION:

1. Provide an estimate of the remaining acreage and capacity of your facility in acres and cubic yards. Provide an estimate of the number of years until that final capacity is reached.

N/A
(remaining footprint – acres)

N/A
(remaining air space – yds³)

N/A
(remaining life - # years)

2. Please indicate how these estimates are derived.

(engineering reports, acreage calculations, etc.) N/A All material is burned
and hauled to landfill

3. Has the design capacity or operating plan of your facility changed in the last five (5) years?

Yes ☐ No ☒

4. Estimate the total volume of solid waste present on-site as of December 31, 2008.

N/A tons OR N/A yds³

5. How do you assess fees for disposal of solid waste? (Check methods that apply)

☐ Tipping fee at gate \$ /ton
\$ /cubic yard

and/or

☐ Service charge

☐ Tax assessment

☐ Annual residential rate \$

Does this rate include residential pickup? Yes ☐ No ☐

How much is the disposal charge. \$

☒ Other (please describe) This landfill is not a public landfill. Use
is limited to City personel or other agencies approved by the
City.

6. WASTE ACCEPTANCE AND DIVERSION:

The information provided will help the Department characterize the solid waste generated in the State and determine the amount which is diverted from landfill disposal.

	Accepted? [✓ if Yes]	Diverted? [✓ method]						If recycled, provide recycler name.		If diverted, then estimate amount and (✓) units [tons or yds ³]		
		Reused	Recycled	Resource Recovery	Landfarmed	Composted	In-State	Out-of-State	Amount	Tons	YDS ³	
Used Motor Oil												
Automobile Batteries												
White Goods (appliances)												
Tires												
Scrap Metal												
Yard Waste												
Contaminated Soil												
Sewage Sludge												
Construction and Demolition Debris												
Friable Asbestos	NOT APPLICABLE TO THIS SITE !!!!											
Non-friable Asbestos												
Asphalt												
Ash from disposal burning												
Coal Combustion Waste												
Infectious Medical Waste												
Household Hazardous Waste												
Antifreeze												
Cardboard (OCC)												
Newspaper												
Magazines												
White/Office Paper												
Mixed Paper												
Directories (phone, etc.)												
Aluminum Cans												
Steel Cans												
Glass												
Plastic-#1 (clear)												
Plastic-#2 (opaque)												
Electronics												
Other												

7. How many employees (full time equivalent) work in your solid waste program? 5
How many hours of safety training did they receive last year? 50
How many hours of hazardous waste training? N/A
How many hours of solid waste operators training? N/A

8. Do you provide drop off bins or storage for recyclable items? Yes ☐ No ☒
Do you have any educational programs for waste reduction or recycling? Yes ☐ No ☒

Please describe briefly and indicate any measurable success. _____

9. **OPEN BURNING:**

Does your facility conduct open burning of clean wood wastes? Yes ☒ No ☐

Is this activity described in your current operation and maintenance plan on file with the Department? Yes ☒ No ☐

Describe the method used and frequency. City follows current plan on file with DEQ.

City has not burned at site in last 5 years. All stumps are ground up with stump grinder.

10. **COMPOSTING:**

Do you operate a composting program? Yes ☒ No ☐

If so, please provide information on the types and volumes of compostables accepted and the volume of compost produced.

**TYPE AND AMOUNT OF RAW
COMPOSTABLES ACCEPTED**
(specify volume received for each type)

**VOLUME OR WEIGHT OF
COMPOST PRODUCED**
(specify yds³ or tons produced)

a. Wood Chips, leaves & grass

a. 8 tons

b. _____

b. _____

c. _____

c. _____

What composting method is used? (Windrows, static aerated piles, etc.) Windrows

Is this activity described in your current operation and maintenance plan on file with the Department? Yes ☒ No ☐

11. **TIRES:**

Does your facility accept tires? Yes ☐ No ☒

Is this activity described in your current operation and maintenance plan on file with the Department? Yes ☐ No ☐

1. Number of tires accepted for disposal _____
2. Number of tires accepted for recycling _____
3. Approximate percentage of the total waste stream. _____ %
4. Disposal fee per tire \$ _____

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use on mailing lists.** Yes ☐ No ☒

XI. CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: David Peterson

Title: Director of Public Works

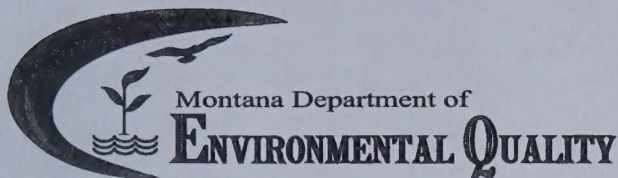
Date: 3-17-09

Training Requests

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- | | |
|---|--|
| ☒ Site Health and Safety | ☐ Asbestos |
| ☐ Material Recycling Facilities | ☐ Compliance Inspections |
| ☐ Transfer Stations | ☐ Debris Management |
| ☒ Equipment Maintenance | ☐ Household Hazardous Waste and
Electronic Waste Collection Events |
| ☒ Site O&M | |
| ☐ Asbestos | |
| ☒ Burn Piles | |
| ☒ Composting | |
| ☐ Contaminated Soils | |
| ☐ Electronic Waste | |
| ☐ Groundwater Monitoring and Corrective Action | |
| ☐ Household Hazardous Waste and CESQG | |
| ☐ Landfarming | |
| ☐ Landfill Fires | |
| ☐ Landfill Gas | |
| ☐ Leachate Management | |
| ☐ Recycling | |
| ☐ Resource Recovery | |
| ☐ Tires | |
| ☐ Waste Screening | |

☐ Other: _____



PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

City of Havre
IS LICENSED TO OPERATE THE

City of Havre
Minor Class III Burn Site
(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 Sheppard Road North, Havre, MT 59501

Hill County

FOR THE PERIOD

July 1, 2008 to June 30, 2009

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 7, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS OR LICENSE REVOCATION OR DENIAL OF AN APPLICATION FOR RENEWAL.

A handwritten signature in dark ink, appearing to read 'E. Thamke', written over a horizontal line.

EDWARD A. THAMKE, BUREAU CHIEF
Waste and Underground Tank Management Bureau

THIS LICENSE IS NOT TRANSFERABLE AND A LICENSE RENEWAL APPLICATION IS DUE APRIL 1, 2009

JH

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
Fax: (406) 444-1374

Minor Burn

**CLASS III FACILITY SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION FOR
JULY 1, 2008 - JUNE 30, 2009**

I. FACILITY LICENSE NUMBER 392 Tax ID Number 81-6001274

II. FACILITY NAME City of Havre Burn Site

III. FACILITY LOCATION (PHYSICAL ADDRESS)

1705 Sheppard Road

Street or Route Number (DO NOT USE P.O. BOX)

<u>Havre</u>	<u>MT</u>	<u>59501</u>	<u>Hill</u>
City	State <u>nb</u>	Zip	County

IV. MAILING ADDRESS

P.O. Box 231

Street or P.O. Box

<u>Havre</u>	<u>MT</u>	<u>59501</u>
City	State	Zip

V. NAME OF LICENSEE City of Havre

VI. CONTACT PERSON (Person who may be contacted regarding operation of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name David Peterson

VII. CONTACT INFORMATION

(Work) (406) 265-4941 (Cell Phone) (406) 390-1024

(Fax) (406) 262-9459 (E-Mail) dpeterson@ci.havre.mt.us

RECEIVED

APR 04 2008

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

VIII. MAILING ADDRESS OF CONTACT PERSON**P.O. Box 231**

Street or P.O. Box

Havre**MT****59501**

City

State

Zip

TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark an "X" next to the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	☐ Class II Landfill	
B.	☒ Class III Landfill	01
C.	☐ Class III Burn Site	
D.	☐ Class IV Landfill	
E.	☐ Transfer Station	
F.	☐ Composting Facility	
G.	☐ Municipal Solid Waste Incinerator	
H.	☐ Infectious Waste Treatment Facility	
I.	☐ Soil Treatment Facility	
J.	☐ Resource Recovery Facility	

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes ☐ No ☒

Note:

No more than one landfill may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. **NUMBER OF FACILITIES** (Enter number of facilities you operate under the Facility

License Number in Section II.) **01**

B. **SERVICE AREA** (List all areas served by your facility or system.)

City of Havre, City Limits

C. **POPULATION OF SERVICE AREA** **9,800**

D. ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1
THROUGH DECEMBER 31, 2007 N/A Tons.

E. FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME
BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2007

 #Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

0 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = 0 Tons

NOTE: No burning done during this period.

Provide copies of waste measurement records (monthly summaries acceptable).

X. ADDITIONAL INFORMATION:

1. Please provide an estimate of the remaining capacity of your facility in cubic yards and the number of years until final capacity is reached.

N/A
(remaining air space - yds³)

N/A
(remaining life - # years)

2. Please indicate how these estimates are derived.

(engineering reports, acreage calculations, etc.) N/A

All material is burned & hauled to landfill.

3. Largest open area anticipated at your facility for calendar year 2008 N/A acres.

4. Has the design capacity or operating plan of your facility changed in the last five (5) years?
Yes ☐ No ☒

5. Estimate the total volume of solid waste present on-site as of December 31, 2007.

N/A tons OR N/A yds³

6. How do you assess fees for disposal of solid waste? (Check methods that apply)

☐ Tipping fee at gate \$ /ton
\$ /cubic yard

and/or

☐ Service charge

☐ Tax assessment

☐ Annual residential rate \$

Does this rate include residential pickup? Yes ☐ No ☐

How much is the disposal charge. \$

☒ Other (please describe) This landfill is not a public landfill. Use
is limited to City personel or other agencies approved by City.

7. WASTE ACCEPTANCE AND DIVERSION:

The information provided will help the Department characterize the solid waste generated in the State and determine the amount which is diverted from landfill disposal.

	Accepted [✓ if Yes]	Diverted [✓ method]						If recycled, provide recycler name.		If diverted, then estimate amount and (✓) units [tons or yds ³]		
		Reused	Recycled	Resource Recovery	Landfilled	Composted	In-State	Out-of-State	Amount	Tons	YDS ³	
Used Motor Oil												
Automobile Batteries												
White Goods (appliances)												
Tires												
Scrap Metal												
Yard Waste												
Contaminated Soil												
Sewage Sludge												
Construction and Demolition Debris												
Friable Asbestos	NOT APPLICABLE TO THIS SITE!!!!											
Non-friable Asbestos												
Asphalt												
Ash												
Infectious Medical Waste												
Household Hazardous Waste												
Antifreeze												
Cardboard (OCC)												
Newspaper												
Magazines												
White/Office Paper												
Mixed Paper												
Directories (phone, etc.)												
Aluminum Cans												
Steel Cans												
Glass												
Plastic-#1 (clear)												
Plastic-#2 (opaque)												
Electronics												
Other												

8. How many employees (full time equivalent) work in your solid waste program? 5
How many hours of safety training did they receive last year? 50
How many hours of hazardous waste training? N/A
How many hours of solid waste operators training? N/A

9. Do you provide drop off bins or storage for recyclable items? Yes ☐ No ☒
Do you have any educational programs for waste reduction or recycling? Yes ☐ No ☒

Please describe briefly and indicate any measurable success. _____

10. **OPEN BURNING:**

Does your facility conduct open burning of clean wood wastes? Yes ☒ No ☐

Is this activity described in your current operation and maintenance plan on file with the Department? Yes ☒ No ☐

Describe the method used and frequency. City follows current plan on file with DEQ.

City has not burned at site in last 5 years. All stumps are ground up

with stump grinder.

11. **COMPOSTING:**

Do you operate a composting program? Yes ☒ No ☐

If so, please provide information on the types and volumes of compostables accepted and the volume of compost produced.

**TYPE AND AMOUNT OF RAW
COMPOSTABLES ACCEPTED**
(specify volume received for each type)

**VOLUME OR WEIGHT OF
COMPOST PRODUCED**
(specify yds³ or tons produced)

a. Wood Chips, Leaves & grass

a. 8 tons

b. _____

b. _____

c. _____

c. _____

What composting method is used? (Windrows, static aerated piles, etc.) Windrows

Is this activity described in your current operation and maintenance plan on file with the Department? Yes ☒ No ☐

12. **TIRES:**

Does your facility accept tires? Yes ☐ No ☒

Is this activity described in your current operation and maintenance plan on file with the Department? Yes ☐ No ☐

1. Number of tires accepted for disposal _____
2. Number of tires accepted for recycling _____
3. Approximate percentage of the total waste stream. _____ %
4. Disposal fee per tire \$ _____

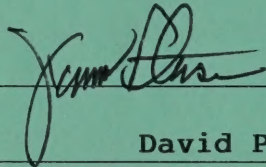
The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use on mailing lists.** Yes ☐ No ☒

XI. CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____



Print Name Here: _____ **David Peterson** _____

Title: Director of Public Works Date: 3-31-2008

Training Requests

In order to provide meaningful training for landfill operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

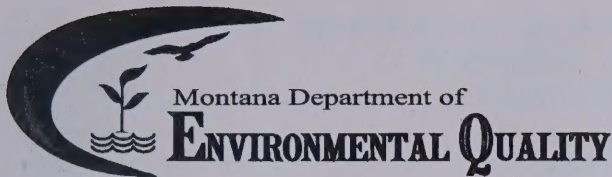
Please list your top three training priorities for the next two to three years.

1. We would Like access to solid waste training for drivers. We do not operate the solid waste landfill. We only haul waste to the site. Our site is only for disposal of wood chipd, and some lawn materials such as grass and leaves.

2. _____

3. _____

Please provide any additional comments or suggestions regarding Departmental training for landfill operators.



PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

City of Havre

IS LICENSED TO OPERATE THE

City of Havre
Minor Class III Burn Site

(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 Sheppard Road, Havre, MT 59501

Hill County

FOR THE PERIOD

July 1, 2007 to June 30, 2008

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 7, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS OR LICENSE REVOCATION OR DENIAL OF AN APPLICATION FOR RENEWAL.

A handwritten signature in black ink, appearing to read 'E. Thamke', written over a horizontal line.

EDWARD A. THAMKE, BUREAU CHIEF
Waste and Underground Tank Management Bureau

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL
LICENSE NUMBER 393

CITY OF BUTTE

1000 N. 1ST AVENUE

CITY OF BUTTE

MONTEZUMA BLVD. BUTTE, MT 59717

THIS LICENSE IS VALID UNTIL 12/31/04

1000 N. 1ST AVENUE

BUTTE, MT 59717

July 1, 2003 to June 30, 2004

THE STATE OF MONTANA hereby certifies that the above named entity has been licensed to operate a solid waste management system in the State of Montana for the period of time specified herein. This license is issued pursuant to the provisions of the Solid Waste Management Act, Chapter 2, Part 1, Sections 2-201 through 2-205, MCA. The license is issued on the condition that the licensee shall comply with all applicable rules and regulations of the Montana Department of Environmental Quality, and shall maintain a valid and current license with the State of Montana.

[Signature]

Secretary of State

Montana Department of Environmental Quality

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
Fax: (406) 444-1374

SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION CLASS III/IV/CLASS III
BURN SITE FOR JULY 1, 2007 - JUNE 30, 2008

I. FACILITY LICENSE NUMBER 392 Tax ID Number 81-6001274

II. NAME OF FACILITY City of Havre Burn Site

III. FACILITY LOCATION

1705 Sheppard Road
Street or Route Number (DO NOT USE P.O. BOX)

Havre MT 59501 Hill
City State Zip County

IV. MAILING ADDRESS

P.O. Box 231
Street or P.O. Box

Havre MT 59501
City State Zip

V. NAME OF LICENSEE City of Havre

VI. CONTACT PERSON (Person who may be contacted regarding operation of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name David Peterson

VII. CONTACT INFORMATION

(Work) (406) 265-4941 (Cell Phone) (406) 390-1024

(Fax) (406) 262-9459 (E-Mail) dpeterson@ci.havre.mt.us

RECEIVED

MAY 18 2007

VIII. MAILING ADDRESS OF CONTACT PERSON

P.O. Box 231

Street or P.O. Box

Havre

MT

59501

City

State

Zip

TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark an "X" next to the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	☐ Class II Landfill	
B.	☒ Class III Landfill or Burn Site	01
C.	☐ Class IV Landfill	
D.	☐ Transfer Station	
E.	☐ Composting Facility	
F.	☐ Municipal Solid Waste Incinerator	
G.	☐ Infectious Waste Treatment Facility	
H.	☐ Soil Treatment Facility	
I.	☐ Resource Recovery Facility	

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No (X)

Note:

No more than one landfill may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. NUMBER OF FACILITIES (Enter number of facilities you operate under the Facility

License Number in Section II.) 01

B. SERVICE AREA (List all areas served by your facility or system.)

City of Havre, City Limits

C. POPULATION OF SERVICE AREA 9,800

D. ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2006 _____ Tons.

E. FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2006

_____ #Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = _____ Tons
e.g. packer truck

_____ 0 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = _____ 0 Tons

Note: No burning done during this period.
Provide copies of waste measurement records (monthly summaries acceptable).

X. QUESTIONNAIRE (Answers provide information on the status of waste handling in the state.)

A. Do you operate a composting program? Yes () No ()

If yes, list the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

WASTE		VOLUME OR TONS	
1.	<u>Wood Chips, Leaves & grass</u>	1.	<u>8</u>
2.	_____	2.	_____
3.	_____	3.	_____

What composting method was used? (Windrows, static aerated piles, etc.) Windrows

Is this activity currently described in your operation and maintenance plan on file with the Department?
Yes (☒) No ()

B. Do you provide drop off bins or storage for recyclable items? Yes () No (☒)

Check types of items you accepted and estimate weight or volume of the amount diverted.

Type	Weight or Volume	Type	Weight or Volume
Aluminum	[] _____	Glass	[] _____
Newspaper	[] _____	Cardboard	[] _____
Plastic	[] _____	Plastic #2	[] _____
Tin Cans	[] _____	Other Plastic	[] _____
Magazines	[] _____	White/Office Paper	[] _____
Electronic Devices	[] _____		

C. Do you have any educational programs for waste reduction or recycling? Yes () No ()

Describe briefly and indicate any measurable success.

D. Does your facility accept tires? Yes () No (X)

1. Number of tires accepted for disposal _____

Maximum tons of tire waste stored above ground annually _____

Number of tires accepted for recycling _____

2. Approximate percentage of the total waste stream. _____ %

3. Disposal fee per tire \$ _____

E. **Class IV Facilities Only:** Does your facility have an approved, detailed, third party closure and post closure plan and cost estimate on file with the Department. Yes () No ()

F. Largest open area anticipated at you facility for calendar year 2006. N/A acres

G. For facilities with trust agreements or performance bonds, what are the annually adjusted closure and post closure costs? \$ N/A

H. How do you assess fees for disposal of solid waste? (Check methods that apply)

1. Tipping fee at gate

\$ _____ /ton

\$ _____ /cubic yard

And/or

2. Service charge/tax assessment _____

Annual residential rate \$ _____

3. Other (describe) This landfill is not a public landfill. Use is limited

to City personnel or other agencies approved by the City.

I. Estimate the remaining capacity of your facility in cubic yards. N/A

J. Estimate the number of years remaining until your facility reaches capacity. N/A

K. How are these estimates derived (engineering reports, acreage calculations, etc.)?

N/A

L. Has the design capacity or operating plan of your facility changed in the last five (5) years?
Yes () No ()

M. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, ~~2006~~ ²⁰⁰⁷.

Tonnage _____ OR Cubic Yards _____

N. Does your facility conduct open burning of clean wood wastes? Yes (☒) No ()

Describe method used and frequency. Once a year clean wood is burned & ashes

disposed at landfill

O. **Class IV Facilities Only:** Does your facility currently have storm water detention or retention ponds?
Yes () No ()

P. **Class IV Facilities Only:** Does your facility have a Montana Pollution Discharge Elimination Systems (MPDES) permit Yes () No ()

MPDES Permit Number _____

Q. How many employees (full time equivalent) work in your solid waste program? 5

How many hours of safety training did they receive last year? 8

Hazardous waste training? _____

Solid waste operators training? _____

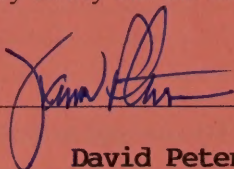
R. Have you submitted an annual closure/post-closure plan update to the Department?
Yes ☒ No ()

S. If not, by what date will you submit the update? _____ (Required)

T. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing such a list to non-governmental individuals without the operator's permission. Do you want your facility name released for use in mailing lists? Yes () No (☒)

XI. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature:  _____

Print Name Here: David Peterson

Title: Dir. of Public Works Date: May 17, 2007

In order to provide meaningful training for landfill operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

- 1. _____

- 2. _____

- 3. _____

Please provide any additional comments or suggestions regarding Departmental training for landfill operators.

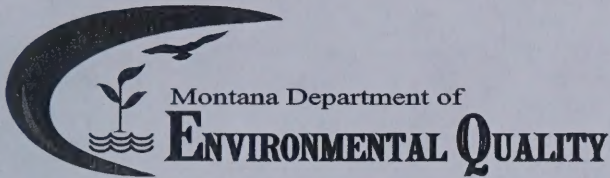
Implementation of the Integrated Waste Management Plan

The 2006 IWMP sets new targets for recycling and state recycling coordinators are working hard to make sure Montana meets the 17% diversion target for 2008.

Landfill and compost operators are in unique positions to influence the success of meeting this diversion rate. Please provide feedback on the assistance you need to work toward these diversion targets.

Please list waste streams that you would like assistance diverting from the landfill. (E.g. construction and demolition wood wastes, yard wastes, tires, plastics, electronics, compressed gas cylinders, and more.)

Please provide any additional comments or suggestions regarding Departmental training for compost operators.



PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

City of Havre

IS LICENSED TO OPERATE THE

City of Havre
Minor Class III Burn Site
(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 Sheppard Road, Havre, MT 59501-0231

Hill County

FOR THE PERIOD

July 1, 2006 to June 30, 2007

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 7, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS OR LICENSE REVOCATION OR DENIAL OF AN APPLICATION FOR RENEWAL.

EDWARD A. THAMKE, BUREAU CHIEF
Waste and Underground Tank Management Bureau

gpc

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
Fax: (406) 444-1374

**SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION CLASS III/IV/CLASS III
BURN SITE FOR JULY 1, 2006 - JUNE 30, 2007**

I. FACILITY LICENSE NUMBER 392 Tax ID Number 81-6001274

II. NAME OF FACILITY City of Havre Burn Site

III. FACILITY LOCATION

1705 Sheppard Road
Street or Route Number (DO NOT USE P.O. BOX)

Havre MT 59501 Hill
City State Zip County

IV. MAILING ADDRESS

P.O. Box 231
Street or P.O. Box

Havre MT 59501
City State Zip

V. NAME OF LICENSEE City of Havre

VI. CONTACT PERSON (Person who may be contacted regarding operation of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name David Peterson

VII. CONTACT INFORMATION

(Work) (406) 265-4941 (Cell Phone) (406) 390-1024

(Fax) (406) 262-9459 (E-Mail) dpeterson@ci.havre.mt.us

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JUN 27 2006

VIII. MAILING ADDRESS OF CONTACT PERSON

P.O. Box 231
Street or P.O. Box
Havre MT 59501
City State Zip

TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark an "X" next to the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	☐ Class II Landfill	
B.	☒ Class III Landfill or Burn Site	01
C.	☐ Class IV Landfill	
D.	☐ Transfer Station	
E.	☐ Composting Facility	
F.	☐ Municipal Solid Waste Incinerator	
G.	☐ Infectious Waste Treatment Facility	
H.	☐ Soil Treatment Facility	
I.	☐ Resource Recovery Facility	

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No (X)

Note:

No more than one landfill may be consolidated under one solid waste management system license.
No more than one incinerator may be consolidated under one solid waste management system license.
A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. NUMBER OF FACILITIES (Enter number of facilities you operate under the Facility License Number in Section II.) 01

B. SERVICE AREA (List all areas served by your facility or system.)
City of Havre, City Limits

C. POPULATION OF SERVICE AREA 9,800

C. Do you have any educational programs for waste reduction or recycling? Yes () No ()

Describe briefly and indicate any measurable success.

D. Does your facility accept tires? Yes () No (X)

1. Number of tires accepted for disposal _____
Maximum tons of tire waste stored above ground annually _____
Number of tires accepted for recycling _____
2. Approximate percentage of the total waste stream. _____ %
3. Disposal fee per tire \$ _____

E. **Class IV Facilities Only:** Does your facility have an approved, detailed, third party closure and post closure plan and cost estimate on file with the Department. Yes () No ()

F. Largest open area anticipated at you facility for calendar year 2006. N/A acres

G. For facilities with trust agreements or performance bonds, what are the annually adjusted closure and post closure costs? \$ N/A

H. How do you assess fees for disposal of solid waste? (Check methods that apply)

1. Tipping fee at gate
\$ _____ /ton
\$ _____ /cubic yard

And/or

2. Service charge/tax assessment _____
Annual residential rate \$ _____

3. Other (describe) This landfill is not a public landfill.
Use is limited to City personnel or other agencies approved
by the City

I. Estimate the remaining capacity of your facility in cubic yards. N/A

J. Estimate the number of years remaining until your facility reaches capacity. N/A

K. How are these estimates derived (engineering reports, acreage calculations, etc.)?

N/A

L. Has the design capacity or operating plan of your facility changed in the last five (5) years?
Yes () No ()

M. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, 2006.

Tonnage 5 OR Cubic Yards _____

N. Does your facility conduct open burning of clean wood wastes? Yes (X) No ()

Describe method used and frequency. Once a year clean wood is burned and
ashes disposed at the landfill.

O. **Class IV Facilities Only:** Does your facility currently have storm water detention or retention ponds?
Yes () No ()

P. **Class IV Facilities Only:** Does you facility have a Montana Pollution Discharge Elimination Systems (MPDES) permit Yes () No ()

MPDES Permit Number _____

Q. How many employees (full time equivalent) work in your solid waste program? 5

How many hours of safety training did they receive last year? 8

Hazardous waste training? -

Solid waste operators training? -

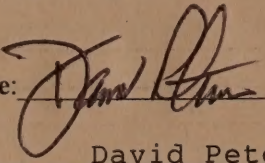
R. Have you submitted an annual closure/post-closure plan update to the Department?
Yes (X) No ()

S. If not, by what date will you submit the update? _____ (Required)

T. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing such a list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use in mailing lists?** Yes () No (X)

XI. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature:  _____

Print Name Here: David Peterson

Title: Director of Public Works Date: 6/24/06

In order to provide meaningful training for landfill operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

1. _____

2. _____

3. _____

Please provide any additional comments or suggestions regarding Departmental training for landfill operators.

Implementation of the Integrated Waste Management Plan

The 2006 IWMP sets new targets for recycling and state recycling coordinators are working hard to make sure Montana meets the 17% diversion target for 2008.

Landfill and compost operators are in unique positions to influence the success of meeting this diversion rate. Please provide feedback on the assistance you need to work toward these diversion targets.

Please list waste streams that you would like assistance diverting from the landfill. (E.g. construction and demolition wood wastes, yard wastes, tires, plastics, electronics, compressed gas cylinders, and more.)

Please provide any additional comments or suggestions regarding Departmental training for compost operators.

Implementation of the Integrated Waste Management Plan

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Landfill and compost operators are in unique positions to influence the success of meeting this diversion rate. Please provide feedback on the assistance you need to work toward these diversion targets.

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Please provide any additional comments or suggestions regarding Departmental training for compost operators.

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION

PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
Fax: (406) 444-1374

**SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION CLASS III/IV/CLASS III
BURN SITE FOR JULY 1, 2006 - JUNE 30, 2007**

- I. FACILITY LICENSE NUMBER 392 Tax ID Number 81-6001274
- II. NAME OF FACILITY City of Havre Burn Site
- III. FACILITY LOCATION
1705 Sheppard Road
Street or Route Number (DO NOT USE P.O. BOX)
Havre MT 59501 Hill
City State Zip County
- IV. MAILING ADDRESS
P.O. Box 231
Street or P.O. Box
Havre MT 59501
City State Zip
- V. NAME OF LICENSEE City of Havre
- VI. CONTACT PERSON (Person who may be contacted regarding operation of the facility, information contained in this report, and to whom inspection reports should be sent.)
Name David Peterson
- VII. CONTACT INFORMATION
(Work) (406) 265-4941 (Cell Phone) (406) 390-1024
(Fax) (406) 262-9459 (E-Mail) dpeterson@ci.havre.mt.us

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JUN 26 2006

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JUN 2 1967

U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

VIII. MAILING ADDRESS OF CONTACT PERSON

P.O. Box 231

Street or P.O. Box

Havre

MT

59501

City

State

Zip

TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark an "X" next to the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	☐ Class II Landfill	_____
B.	☒ Class III Landfill or Burn Site	01
C.	☐ Class IV Landfill	_____
D.	☐ Transfer Station	_____
E.	☐ Composting Facility	_____
F.	☐ Municipal Solid Waste Incinerator	_____
G.	☐ Infectious Waste Treatment Facility	_____
H.	☐ Soil Treatment Facility	_____
I.	☐ Resource Recovery Facility	_____

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No (X)

Note:

No more than one landfill may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. NUMBER OF FACILITIES (Enter number of facilities you operate under the Facility)

License Number in Section II.) 01

B. SERVICE AREA (List all areas served by your facility or system.)

City of Havre, City Limits

C. POPULATION OF SERVICE AREA 9,800

III. BUILDING SYSTEMS (CONTINUED)

DATE: _____

PROJECT: _____

BY: _____

NO.

DATE

THE AND QUALITY OF THE BUILDING SYSTEMS ARE THE MOST IMPORTANT FACTORS IN THE DESIGN OF A BUILDING. THE FOLLOWING TABLES ARE INTENDED TO ASSIST THE DESIGNER IN THE SELECTION OF THE MOST APPROPRIATE SYSTEMS FOR A GIVEN PROJECT.

TYPE	DESCRIPTION	QUALITY
1	Concrete Frame	High
2	Steel Frame	High
3	Timber Frame	Medium
4	Brick Frame	Medium
5	Concrete Block Frame	Medium
6	Steel Joist Frame	Medium
7	Timber Joist Frame	Medium
8	Brick Joist Frame	Medium
9	Concrete Block Joist Frame	Medium
10	Steel Joist Frame	Medium
11	Timber Joist Frame	Medium
12	Brick Joist Frame	Medium
13	Concrete Block Joist Frame	Medium

It is recommended that the designer consult with a structural engineer to determine the most appropriate system for a given project. The following table is intended to assist the designer in the selection of the most appropriate system for a given project.

The designer should consult with a structural engineer to determine the most appropriate system for a given project. The following table is intended to assist the designer in the selection of the most appropriate system for a given project.

IV. SYSTEM CAPACITY

NUMBER OF FLOORS: _____

AREA OF FLOOR: _____

AREA OF FLOOR: _____

AREA OF FLOOR: _____

POPULATION OF SERVICE AREA: _____

Page 3

AND IF TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2002

THE FACILITIES THAT DO NOT OPERATE SCALES SHALL GIVE ANNUAL VOLUME BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2002

_____ Tons _____ Tons

_____ Tons _____ Tons

OF WASTE (If present provide an estimate of the volume of waste based on the data)

The data is a summary of the data for the year 2002, and is not a summary of the data for the year 2001.

It is the policy of the State of New York that the data for the year 2002, and not the data for the year 2001, shall be used for the purpose of determining the volume of waste.

WASTE

1	_____
2	_____
3	_____

_____ Tons _____ Tons

_____ Tons _____ Tons

_____ Tons _____ Tons

Each of the items are accepted and will be used for the purpose of determining the volume of waste.

Type	Weight or Volume	Type	Weight or Volume
Asphalt	_____	Asphalt	_____
Concrete	_____	Concrete	_____
Brick	_____	Brick	_____
Stone	_____	Stone	_____
Gravel	_____	Gravel	_____
Other	_____	Other	_____

- C. Do you have any educational programs for waste reduction or recycling? Yes () No ()

Describe briefly and indicate any measurable success.

- D. Does your facility accept tires? Yes () No (X)

1. Number of tires accepted for disposal _____
Maximum tons of tire waste stored above ground annually _____
Number of tires accepted for recycling _____
2. Approximate percentage of the total waste stream. _____ %
3. Disposal fee per tire \$ _____

- E. **Class IV Facilities Only:** Does your facility have an approved, detailed, third party closure and post closure plan and cost estimate on file with the Department. Yes () No ()

- F. Largest open area anticipated at you facility for calendar year 2006. _____ N/A _____ acres

- G. For facilities with trust agreements or performance bonds, what are the annually adjusted closure and post closure costs? \$ _____ N/A _____

- H. How do you assess fees for disposal of solid waste? (Check methods that apply)

1. Tipping fee at gate
\$ _____ /ton
\$ _____ /cubic yard

And/or

2. Service charge/tax assessment
Annual residential rate \$ _____

3. Other (describe) This landfill is not a public landfill.
Use is limited to City personnel or other agencies approved
by the City

- I. Estimate the remaining capacity of your facility in cubic yards. _____ N/A _____

- J. Estimate the number of years remaining until your facility reaches capacity. _____ N/A _____

Do you have any equipment past due for maintenance or repair? (Yes/No)

Equipment details and condition are described below:

Does your building equipment (Yes/No) (N)

Number of units equipped for heating

Estimated cost of the work needed above ground piping

Number of units equipped for cooling

Estimated cost of the work needed above ground piping

Yes _____

Estimated cost per unit

Yes _____

Does your building have an elevator or escalator? (Yes/No) (N) _____

Is your elevator or escalator in good working order? (Yes/No) _____

Is your elevator or escalator in need of repair? (Yes/No) _____

How do you know this? (Check all that apply)

1. Regular inspection

2. _____
3. _____

And:

4. Other (describe) _____
5. _____

Is your building in need of a public landing? _____

Has a landing been installed or other facilities approved _____

by the city _____

What is the estimated cost of your building? (in \$) _____

Estimate the number of years remaining until your building reaches capacity _____

K. How are these estimates derived (engineering reports, acreage calculations, etc.)?

N/A

L. Has the design capacity or operating plan of your facility changed in the last five (5) years?

Yes () No ()

M. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, 2006.

Tonnage

5

OR

Cubic Yards

N. Does your facility conduct open burning of clean wood wastes? Yes (X) No ()

Describe method used and frequency. Once a year clean wood is burned and

ashes disposed at the landfill.

O. **Class IV Facilities Only:** Does your facility currently have storm water detention or retention ponds? Yes () No ()

P. **Class IV Facilities Only:** Does your facility have a Montana Pollution Discharge Elimination Systems (MPDES) permit Yes () No ()

MPDES Permit Number

Q. How many employees (full time equivalent) work in your solid waste program?

5

How many hours of safety training did they receive last year?

8

Hazardous waste training?

-

Solid waste operators training?

-

R. Have you submitted an annual closure/post-closure plan update to the Department? Yes (X) No ()

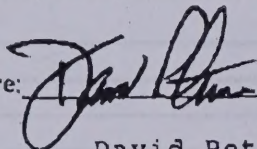
S. If not, by what date will you submit the update? _____ (Required)

T. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing such a list to non-governmental individuals without the operator's permission. Do you want your facility name released for use in mailing lists? Yes () No (X)

XI. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____



Print Name Here: David Peterson

Title: Director of Public Works

Date: 6/24/06

DECLARATION (As required by the rules of the court)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge.

David J. Peterson

The Attorney at Law

In order to provide meaningful training for landfill operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

1. _____

2. _____

3. _____

Please provide any additional comments or suggestions regarding Departmental training for landfill operators.

Implementation of the Integrated Waste Management Plan

The 2006 IWMP sets new targets for recycling and state recycling coordinators are working hard to make sure Montana meets the 17% diversion target for 2008.

Landfill and compost operators are in unique positions to influence the success of meeting this diversion rate. Please provide feedback on the assistance you need to work toward these diversion targets.

Please list waste streams that you would like assistance diverting from the landfill. (E.g. construction and demolition wood wastes, yard wastes, tires, plastics, electronics, compressed gas cylinders, and more.)

Please provide any additional comments or suggestions regarding Departmental training for compost operators.

Implementation of the Integrated Waste Management Plan

The IWM Plan was developed for the city and state regulatory agencies and
working hard to make sure that the IWM Plan is being followed for 1993.

I would like to hear from you on the IWM Plan. Please provide feedback on the
implementation of the IWM Plan. Please provide feedback on the IWM Plan.

Please let me know if you would like to be involved in the IWM Plan. Please
contact me at (714) 948-1234. Please contact me at (714) 948-1234.

Please provide any additional comments or suggestions regarding the IWM Plan
for the city of Los Angeles.

Implementation of the Integrated Waste Management Plan

The 2006 IWMP sets new targets for recycling and state recycling coordinators are working hard to make sure Montana meets the 17% diversion target for 2008.

Landfill and compost operators are in unique positions to influence the success of meeting this diversion rate. Please provide feedback on the assistance you need to work toward these diversion targets.

Please list waste streams that you would like assistance diverting from the landfill. (E.g. construction and demolition wood wastes, yard wastes, tires, plastics, electronics, compressed gas cylinders, and more.)

Please provide any additional comments or suggestions regarding Departmental training for compost operators.

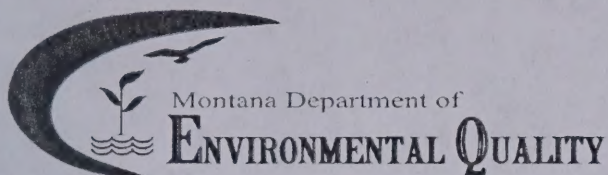
Implementation of the Integrated Waste Management Plan

The 1995 IWM Plan sets targets for recycling and state recycling coordinators are working hard to make sure that the 17% diversion target for 2000 is met.

Landfill and incineration operators are in a unique position to influence the success of recycling. Please provide feedback on the assistance you need to work toward these diversion targets.

Please list waste streams that you would like assistance diverting from the landfill (e.g., construction and demolition wood waste, yard waste, tires, plastic, electronics, etc.)

Please provide any additional comments or suggestions regarding implementation during the next reporting period.



PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE LICENSING PROGRAM
PO Box 200901
HELENA, MT 59620-0901
406-444-5300

STATE OF MONTANA
SOLID WASTE MANAGEMENT SYSTEM
ANNUAL LICENSE RENEWAL

LICENSE NUMBER 392

City of Havre

IS LICENSED TO OPERATE THE

City of Havre
Minor Class III Burn Site

(FOR ACCEPTANCE OF LESS THAN 1,000 TONS ANNUALLY)

LOCATED AT

1705 Sheppard Road, Havre, MT 59501-0231

Hill County

FOR THE PERIOD

July 1, 2005 to June 30, 2006

THIS ANNUAL LICENSE IS CONDITIONED ON THE CONSTRUCTION AND MANAGEMENT OF THE SYSTEM AS APPROVED BY THE DEPARTMENT AND ON CONDITIONS IMPOSED BY THE ORIGINAL LICENSE. THE LICENSEE SHOULD BE AWARE THAT ITS FAILURE TO COMPLY WITH APPLICABLE LAW OR RULE, IN PARTICULAR TITLE 75, CHAPTER 10, PARTS 1 AND 2, MONTANA CODE ANNOTATED, AND ADMINISTRATIVE RULES OF MONTANA TITLE 17, CHAPTER 50, SUB-CHAPTERS 4, 5, AND 7, INCLUDING THE PAYMENT OF APPLICABLE FEES, MAY RESULT IN ENFORCEMENT ACTIONS OR LICENSE REVOCATION OR DENIAL OF AN APPLICATION FOR RENEWAL.

A handwritten signature in black ink, appearing to read "E. Thamke".

EDWARD A. THAMKE, BUREAU CHIEF
Waste and Underground Tank Management Bureau

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION

PO BOX 200901
HELENA, MT 59620-0901

Phone: (406) 444-5300

Fax: (406) 444-1374

SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION CLASS III/IV/CLASS III
BURN SITE FOR JULY 1, 2005 - JUNE 30, 2006

I. FACILITY LICENSE NUMBER 392 Tax ID Number 81-6001274

II. NAME OF FACILITY City of Havre Burn Site

III. FACILITY LOCATION

1705 Sheppard Road
Street or Route Number (DO NOT USE P.O. BOX)

Havre mt 59501 Hill
City State Zip County

IV. MAILING ADDRESS

P.O. Box 231
Street or P.O. Box

Havre mt 59501
City State Zip

V. NAME OF LICENSEE City of Havre

VI. CONTACT PERSON (Person who may be contacted regarding operation of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name David Peterson

VII. CONTACT INFORMATION

(Work) 265-4941 (Cell Phone) _____

(Fax) 262-9459 (E-Mail) d.peterson@ci.havre.mt.us

RECEIVED

MAR 02 2005

VIII. MAILING ADDRESS OF CONTACT PERSON

PO. Box 231
Street or P.O. Box

HAVER
City

MT
State

59501
Zip

TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark an "X" next to the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	☐ Class II Landfill	
B.	☒ Class III Landfill or Burn Site	<u>01</u>
C.	☐ Class IV Landfill	
D.	☐ Transfer Station	
E.	☐ Composting Facility	
F.	☐ Municipal Solid Waste Incinerator	
G.	☐ Infectious Waste Treatment Facility	
H.	☐ Soil Treatment Facility	
I.	☐ Resource Recovery Facility	

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No ()

Note:

No more than one landfill may be consolidated under one solid waste management system license.
No more than one incinerator may be consolidated under one solid waste management system license.
A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. **NUMBER OF FACILITIES** (Enter number of facilities you operate under the Facility

License Number in Section II.) 01

B. **SERVICE AREA** (List all areas served by your facility or system.)

City of Haver City Limits

C. **POPULATION OF SERVICE AREA** 9,800

D. ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004 20 Tons.

E. FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004

 #Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

 #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = Tons

Provide copies of waste measurement records (monthly summaries acceptable).

X. QUESTIONNAIRE (Answers provide information on the status of waste handling in the state.)

A. Do you operate a composting program? Yes () No (X) City Composting Only

If yes, list the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

	WASTE		VOLUME OR TONS
1.	<u>Chips (Wood), LEAVES, GRASS</u>	1.	<u> </u>
2.	<u> </u>	2.	<u> </u>
3.	<u> </u>	3.	<u> </u>

What composting method was used? (Windrows, static aerated piles, etc.) Windrows

Is this activity currently described in your operation and maintenance plan on file with the Department?
Yes (X) No ()

B. Do you provide drop off bins or storage for recyclable items? Yes () No (X)

Check types of items you accepted and estimate weight or volume of the amount diverted.

Type	Weight or Volume	Type	Weight or Volume
Aluminum	[] <u> </u>	Glass	[] <u> </u>
Newspaper	[] <u> </u>	Cardboard	[] <u> </u>
Plastic	[] <u> </u>	Plastic #2	[] <u> </u>
Tin Cans	[] <u> </u>	Other Plastic	[] <u> </u>
Magazines	[] <u> </u>	White/Office Paper	[] <u> </u>
Electronic Devices	[] <u> </u>		

C. Do you have any educational programs for waste reduction or recycling? Yes () No ()

Describe briefly and indicate any measurable success.

D. Does your facility accept tires? Yes () No (X)

1. Number of tires accepted for disposal _____

Maximum tons of tire waste stored above ground annually _____

Number of tires accepted for recycling _____

2. Approximate percentage of the total waste stream. _____ %

3. Disposal fee per tire \$ _____

E. **Class IV Facilities Only:** Does your facility have an approved, detailed, third party closure and post closure plan and cost estimate on file with the Department. Yes () No ()

F. Largest open area anticipated at you facility for calendar year 2005. N/A acres

G. For facilities with trust agreements or performance bonds, what are the annually adjusted closure and post closure costs? \$ N/A

H. How do you assess fees for disposal of solid waste? (Check methods that apply)

1. Tipping fee at gate

\$ _____ /ton

\$ _____ /cubic yard

And/or

2. Service charge/tax assessment

Annual residential rate

\$ _____

3. Other (describe) This landfill is not a public landfill.

Use is limited to City Personnel or other

Agencies Approved by the City

I. Estimate the remaining capacity of your facility in cubic yards. N/A

J. Estimate the number of years remaining until your facility reaches capacity. N/A

K. How are these estimates derived (engineering reports, acreage calculations, etc.)?

N/A

L. Has the design capacity or operating plan of your facility changed in the last five (5) years?
Yes () No ()

M. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, 2005.

Tonnage 5 OR Cubic Yards _____

N. Does your facility conduct open burning of clean wood wastes? Yes () No ()

Describe method used and frequency. Once a year. Clean wood is
burned & ashes disposed of at landfill

O. **Class IV Facilities Only:** Does your facility currently have storm water detention or retention ponds?
Yes () No ()

P. **Class IV Facilities Only:** Does your facility have a Montana Pollution Discharge Elimination Systems (MPDES) permit Yes () No ()

MPDES Permit Number _____

Q. How many employees (full time equivalent) work in your solid waste program? 5

How many hours of safety training did they receive last year? 8

Hazardous waste training? 1

Solid waste operators training? 1

R. Have you submitted an annual closure/post-closure plan update to the Department?
Yes (X) No ()

S. If not, by what date will you submit the update? _____ (Required)

T. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing such a list to non-governmental individuals without the operator's permission. Do you want your facility name released for use in mailing lists? Yes () No (X)

XI. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: _____

Title: _____

Date: _____

In order to provide meaningful training for landfill operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

1. _____

2. _____

3. _____

Please provide any additional comments or suggestions regarding Departmental training for landfill operators.

47662

518	MT DEPT OF ENVIRONMENTAL QUALITY				
Doc #	Invoice	Inv. Date	Description		Amount
-----	-----	-----	-----	-----	-----
114919	392	07/31/19	BURN SITE WASTE LIC-7/19-6/20		\$601.20

RECEIVED

AUG 06 2019

DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

DEPOSIT I.D.

26809

Pcc Paid By:

8/7/19

Amount Paid:

601.20

Ck#

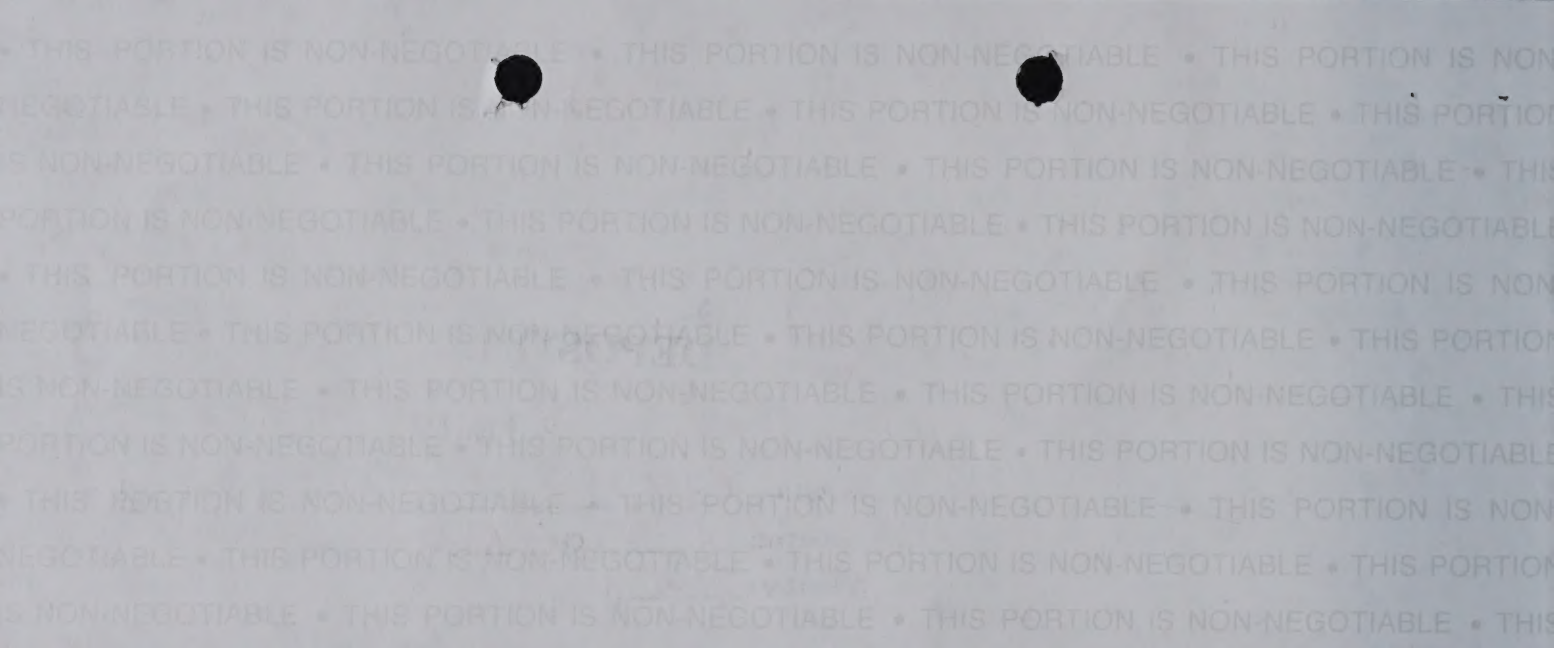
47662

Ck Rcpt Log #

26809

2019 AUG -7 AM 10:30

RECEIVED BY DEQ
SERVICES



5410 450246 545

July 1, 2019 through June 30, 2020

City of Havre Burn Site – Minor Class III Burn Site
License #392

Total Fees Due: \$ 601.20

RECEIVED BY DEQ
SERVICES
2019 AUG -7 AM 10:30

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2020**

4th Quarter Payment
April 2020 to June 2020
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: \$ 150.00

Fund 02157, Org Unit 495602, Acct #506033: \$ 0.30

Please return
this slip with 4th
quarter payment

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2020**

3rd Quarter Payment
January 2020 to March 2020
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: \$ 150.00

Fund 02157, Org Unit 495602, Acct #506033: \$ 0.30

Please return
this slip with 3rd
quarter payment

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2019**

2nd Quarter Payment
October 2019 to Dec 2019
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: \$ 150.00

Fund 02157, Org Unit 495602, Acct #506033: \$ 0.30

Please return
this slip with 2nd
quarter payment

City of Havre Burn Site
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2019**

1st Quarter Payment
July 2019 to September 2019
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: \$ 150.00

Fund 02157, Org Unit 495602, Acct #506033: \$ 0.30

Please return
this slip with 1st
quarter payment

11

11

11

11

THE TREASURER OF THE CITY OF HAVRE • HAVRE, MONTANA 59501

DETACH AND RETAIN FOR YOUR RECORD

46053

518 Doc #	MT DEPT OF ENVIRONMENTAL QUALITY Invoice	Inv. Date	Description	#: 46053	\$605.20 Amount
113270		07/31/18	BURN SITE LIC #392 RENEWAL		\$605.20

Fce Paid By: 8/8/18
Amount Paid: 605.20 Ck # 46053
Ck Rpt Log # 24313

July 1, 2018 through June 30, 2019

City of Havre Burn Site – Minor Class III Burn Site

License #392

Total Fees Due: \$ 605.20

City of Havre Burn Site

Solid Waste Management License # 392

Please Remit Payment by **April 30, 2019**

4th Quarter Payment

April 2019 to June 2019

Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 4th
quarter payment

City of Havre Burn Site

Solid Waste Management License # 392

Please Remit Payment by **January 31, 2019**

3rd Quarter Payment

January 2019 to March 2019

Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 3rd
quarter payment

City of Havre Burn Site

Solid Waste Management License # 392

Please Remit Payment by **October 31, 2018**

2nd Quarter Payment

October 2018 to Dec 2018

Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 2nd
quarter payment

City of Havre Burn Site

Solid Waste Management License # 392

Please Remit Payment by **July 31, 2018**

1st Quarter Payment

July 2018 to September 2018

Amount Due: \$ 151.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: 1.30

Please return
this slip with 1st
quarter payment

22296/1267

8/9

RECEIVED BY DEQ
July 1, 2017 through June 30, 2018City of Havre – Minor Class III Burn Site
License #392

2017 AUG -9 AM 10: 02

Total Fees Due: \$ 601.20

RECEIVED

City of Havre
Solid Waste Management License # 392
Please Remit Payment by April 30, 2018

Calk

AUG 17 2017

4th Quarter Payment
April 2018 to June 2018
Amount Due: \$ 150.30To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

HILL

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 4th
quarter paymentCity of Havre
Solid Waste Management License # 392
Please Remit Payment by January 31, 20183rd Quarter Payment
January 2018 to March 2018
Amount Due: \$ 150.30To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 3rd
quarter paymentCity of Havre
Solid Waste Management License # 392
Please Remit Payment by October 31, 20172nd Quarter Payment
October 2017 to Dec 2017
Amount Due: \$ 150.30To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 2nd
quarter paymentCity of Havre
Solid Waste Management License # 392
Please Remit Payment by July 31, 20171st Quarter Payment
July 2017 to September 2017
Amount Due: \$ 150.30To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

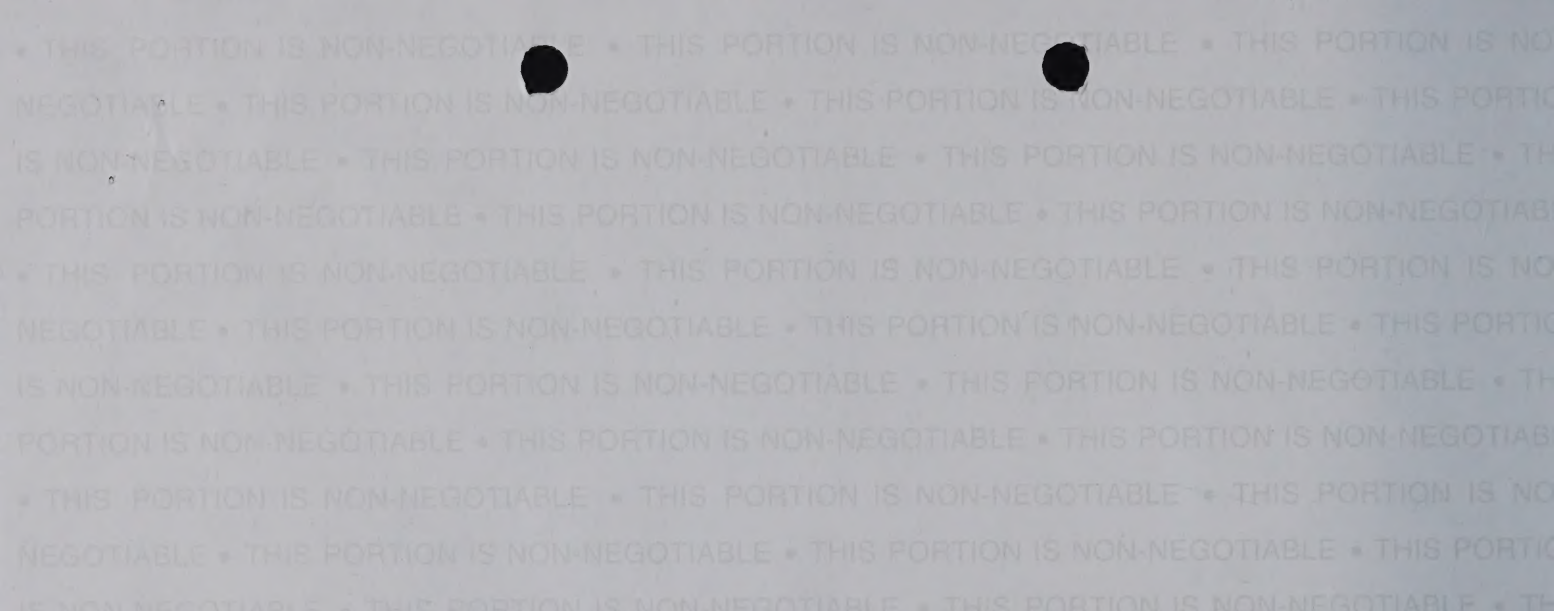
Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 1st
quarter payment

44452

518 Doc #	MT DEPT OF ENVIRONMENTAL QUALITY Invoice	Inv. Date	Description	#: 44452	\$601.20 Amount
-----	-----	-----	-----		-----
111630	392	07/31/17	BURN SITE LICENSE RENEWAL		\$601.20



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

THE TREASURER OF THE CITY OF HAVRE

PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501

44452

93-134/929

DATE

WARRANT NO.

08/08/17

COPY

- X 22296

CLAIMS WARRANT

PAY THIS AMOUNT

\$601.20

PAY

Six Hundred One Dollars and Twenty Cents

**WILL
PAY
TO**

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

[Signature]

[Signature]

MP

July 1, 2016 through June 30, 2017

Dept. of Environmental Quality
Waste & Underground
Tank Management Bureau

City of Havre – Minor Class III Burn Site
License #392

Total Fees Due: \$ 601.20

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2017**

4th Quarter Payment
April 2017 to June 2017
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 4th
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2017**

3rd Quarter Payment
January 2017 to March 2017
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 3rd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2016**

2nd Quarter Payment
October 2016 to Dec 2016
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 2nd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2016**

1st Quarter Payment
July 2016 to September 2016
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 495602, Acct #506032: 150.00

Fund 02157, Org Unit 495602, Acct #506033: .30

Please return
this slip with 1st
quarter payment

20599/166

COPIES OF THIS DOCUMENT HAS A COLORED BACKGROUND ON PAPER

THE TREASURER OF THE CITY OF HAVRE

PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501

42790

93-134/929

DATE

WARRANT NO.

08/03/16

COPY

- X 20599

CLAIMS WARRANT

PAY THIS AMOUNT

\$601.20

Six Hundred One Dollars and Twenty Cents

PAY

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

[Signature]
[Signature]



SECURITY FEATURES INCLUDED. DETAILS ON BACK.

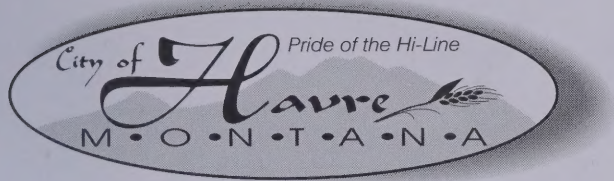


⑈042790⑈ ⑆092901340⑆ 30891⑈

RECEIVED

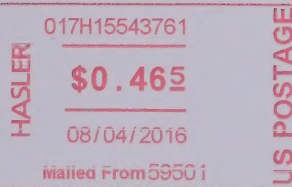
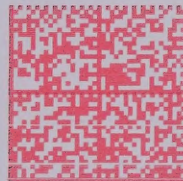
42790

518	MT DEPT OF ENVIRONMENTAL QUALITY			#:	42790	\$601.20
Doc #	Invoice	Inv. Date	Description			Amount
-----	-----	-----	-----			-----
109885	#392	07/31/16	SOLID WASTE MANAGEMENT LICENSE			\$601.20



P.O. Box 231 • Havre, Montana 59501

RETURN SERVICE REQUESTED



017H15543761

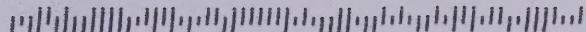
\$0.465

08/04/2016

Mailed From 59501

US POSTAGE

59620\$0901 B001





July 1, 2015 through June 30, 2016

City of Havre – Minor Class III Burn Site
License #392

Total Fees Due: \$ 601.20

City of Havre
Solid Waste Management License # 392
Please Remit Payment by April 30, 2016

4th Quarter Payment
April 2016 to June 2016
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

87
I
IVED

Please return
this slip with 4th
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by January 31, 2016

AUG 10 2015
DEPT OF ENVIRONMENTAL QUALITY
FISCAL SERVICES DIVISION
P.O. BOX 200901
HELENA, MT 59620-0901

3rd Quarter Payment
January 2016 to March 2016
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 3rd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by October 31, 2015.

2nd Quarter Payment
October 2015 to Dec 2015
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 2nd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by July 31, 2015

1st Quarter Payment
July 2015 to September 2015
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 1st
quarter payment

41056

518 Doc. #	MT DEPT OF ENVIRONMENTAL QUALITY Invoice	Inv. Date	Description	Amount
108158	392	07/31/15	SOLD WASTE FEES	\$601.20

RECEIVED

AUG 10 2015

DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

2015 AUG -6 AM 9:25

RECEIVED BY DEQ
FINANCIAL SERVICES

RECEIVED

AUG 10 2015

DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

\$600 → 506032/02157/575602
\$1.20 → 506033/02157/575602

INDEPENDENCE BANK
HAVRE, MT 59501

41056

93-134/929

DATE

WARRANT NO.

08/04/15

COPY

EX 18845

Six Hundred One Dollars and Twenty Cents

CLAIMS WARRANT

PAY THIS AMOUNT

\$601.20

PAY

WILL
PAY
TO
MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

041056 092901340 30891

July 1, 2015 through June 30, 2016

**City of Havre – Minor Class III Burn Site
License #392**

Total Fees Due: \$ 601.20

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2016**

4th Quarter Payment
April 2016 to June 2016
Amount Due: \$ 150.30

**To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901**

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 4th
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2016**

3rd Quarter Payment
January 2016 to March 2016
Amount Due: \$ 150.30

**To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901**

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 3rd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2015**

2nd Quarter Payment
October 2015 to Dec 2015
Amount Due: \$ 150.30

**To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901**

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 2nd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2015**

1st Quarter Payment
July 2015 to September 2015
Amount Due: \$ 150.30

**To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901**

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 1st
quarter payment

5410-430810-545
July 1, 2014 through June 30, 2015

City of Havre – Minor Class III Burn Site
License #392

Total Fees Due: \$ 601.20

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2015**

4th Quarter Payment
April 2015 to June 2015
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

RECEIVED

AUG 11 2014

Please return
this slip with 4th
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2015**

DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

3rd Quarter Payment
January 2015 to March 2015
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 3rd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2014**

2nd Quarter Payment
October 2014 to Dec 2014
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 2nd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2014**

1st Quarter Payment
July 2014 to September 2014
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

RECEIVED BY DEO
FINANCIAL SERVICES
2014 AUG 7 AM 8:50

Please return
this slip with 1st
quarter payment

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THE TREASURER OF THE CITY OF HAVRE

PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501

39368

93-134/929

DATE

08/05/14

WARRANT NO.

CLAIMS WARRANT

PAY THIS AMOUNT

\$601.20

COPY
17305

PAY

Six Hundred One Dollars and Twenty Cents

**WILL
PAY
TO**

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

[Signature]
[Signature]



SECURITY FEATURES INCLUDED. DETAILS ON BACK.



039368 092901340 30891

July 1, 2014 through June 30, 2015

City of Havre – Minor Class III Burn Site
License #392

Total Fees Due: \$ 601.20

City of Havre
Solid Waste Management License # 392
Please Remit Payment by April 30, 2015

4th Quarter Payment
April 2015 to June 2015
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 4th
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by January 31, 2015

3rd Quarter Payment
January 2015 to March 2015
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 3rd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by October 31, 2014

2nd Quarter Payment
October 2014 to Dec 2014
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 2nd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by July 31, 2014

1st Quarter Payment
July 2014 to September 2014
Amount Due: \$ 150.30

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees

Fund 02157, Org Unit 575602, Acct #506032: 150.00

Fund 02157, Org Unit 575602, Acct #506033: .30

Please return
this slip with 1st
quarter payment

July 1, 2013 through June 30, 2014

City of Havre – Minor Class III Burn Site
License #392

Total Fees Due: \$ 600.00

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2014**

4th Quarter Payment
April 2014 to June 2014
Amount Due: \$ 150.00

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .00

RECEIVED

AUG 08 2013

Please return
this slip with 4th
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2014**

DEPT. OF ENVIRO. QUALITY
WASTE & UNDERGROUND TANK
MANAGEMENT BUREAU

3rd Quarter Payment
January 2014 to March 2014
Amount Due: \$ 150.00

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .00

Please return
this slip with 3rd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2013**

2nd Quarter Payment
October 2013 to Dec 2013
Amount Due: \$ 150.00

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .00

Please return this
slip with 2nd
quarter payment

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2013**

1st Quarter Payment
July 2013 to September 2013
Amount Due: \$ 150.00

To: Montana Department of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

For Department Use Only:

Solid Waste Fees
Fund 02157, Org Unit 575602, Acct #506032: 150.00
Fund 02157, Org Unit 575602, Acct #506033: .00

Please return
this slip with 1st
quarter payment

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100-4-360

37683

518	MT DEPT OF ENVIRONMENTAL QUALITY	#:	37683	\$600.00
Doc.#	Invoice	Inv. Date	Description	Amount
-----	-----	-----	-----	-----
104703	392	07/31/13	BURN SITE PERMIT	\$600.00

RECEIVED BY DEQ
FINANCIAL SERVICES

2013 AUG -7 A 9:46

RECEIVED

AUG 08 2013

Dept. of Environ. Quality
Waste & Underground
Tank Management Bureau

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THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501

37683

93-134/929

DATE

WARRANT NO.

08/06/13

COPY
FEE-15613

CLAIMS WARRANT

PAY THIS AMOUNT

\$600.00

Six Hundred Dollars and Zero Cents

PAY

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

[Signature]
[Signature]



SECURITY FEATURES INCLUDED. DETAILS ON BACK.



037683 092901340 30891

5410 430810 545

July 1, 2012 through June 30, 2013**City of Havre - Minor Class III Burn Site
License #392****Total Fees Due: \$ 600.00****City of Havre
Solid Waste Management License # 392
Please Remit Payment by April 30, 2013****4th Quarter Payment
April 2013 to June 2013
Amount Due: \$ 150.00****To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901****Please return this slip with 4th Qtr Payment****SWP392-13
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001****City of Havre
Solid Waste Management License # 392
Please Remit Payment by January 31, 2013****3rd Quarter Payment
January 2013 to March 2013
Amount Due: \$ 150.00****To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901****Please return this slip with 3rd Qtr Payment****SWP392-13
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001****City of Havre
Solid Waste Management License # 392
Please Remit Payment by October 31, 2012****2nd Quarter Payment
October 2012 to Dec 2012
Amount Due: \$ 150.00****To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901****Please return this slip with 2nd Qtr Payment****SWP392-13
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001****City of Havre
Solid Waste Management License # 392
Please Remit Payment by July 31, 2012****1st Quarter Payment
July 2012 to September 2012
Amount Due: \$ 150.00****To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901****Please return this slip with 1st Qtr Payment****SWP392-13
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001**

35848

518	MT DEPT OF ENVIRONMENTAL QUALITY			#:	35848	\$600.00
Doc #	Invoice	Inv. Date	Description			Amount
-----	-----	-----	-----			-----
102816	392	06/30/12	BURN SITE LICENSE			\$600.00

~~ARZMB~~
SWP

RECEIVED ON

JUL 09 2012

Dept. of Environmental Quality
Waste & Underground
Tank Management Bureau

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THE TREASURER OF THE CITY OF HAVRE

PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501

35848

93-134/929

DATE

WARRANT NO.

07/03/12

COPY

-----13819

CLAIMS WARRANT

PAY THIS AMOUNT

\$600.00

Six Hundred Dollars and Zero Cents

PAY

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

[Signature]

[Signature]

HUB RED IMAGE
FADING WITH USE



SECURITY FEATURES INCLUDED. DETAILS ON BACK.



035848 092901340 30891

THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501

34338

93-134/929

DATE

WARRANT NO.

08/02/11

COPY

CLAIMS WARRANT

PAY THIS AMOUNT

\$600.00

PAY

Six Hundred Dollars and Zero Cents

EE--12264

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

034338 092901340 30891

THE TREASURER OF THE CITY OF HAVRE • HAVRE, MONTANA 59501

DETACH AND RETAIN FOR YOUR RECORDS.

34338

518 Doc #	MT DEPT OF ENVIRONMENTAL QUALITY Invoice	Inv. Date	Description	Amount
101262		07/31/11	BURN SITE PERMIT	\$600.00

8-11-11 JH
RECEIVED

AUG 11 2011

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

SWP

Invoice #
392

FY12

2011 AUG -9 AM 10:05
RECEIVED
FINANCIAL SERVICES

34338

518 Doc #	MT DEPT OF ENVIRONMENTAL QUALITY Invoice	Inv. Date	Description	#: 34338	\$600.00 Amount
101262		07/31/11	BURN SITE PERMIT		\$600.00

RECEIVED
FINANCIAL SERVICES
2011 AUG -9 AM 10:05

July 1, 2010 through June 30, 2011

**City of Havre - Minor Class III Burn Site
License #392**

Total Fees Due: \$ 600.00

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2011**

4th Quarter Payment
April 2011 to June 2011
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2011**

3rd Quarter Payment
January 2011 to March 2011
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2010**

2nd Quarter Payment
October 2010 to Dec 2010
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2010**

1st Quarter Payment
July 2010 to September 2010
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

July 1, 2010 through June 30, 2011

**City of Havre - Minor Class III Burn Site
License #392**

Total Fees Due: \$ 600.00

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2011**

4th Quarter Payment
April 2011 to June 2011
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **January 31, 2011**

3rd Quarter Payment
January 2011 to March 2011
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **October 31, 2010**

2nd Quarter Payment
October 2010 to Dec 2010
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2010**

1st Quarter Payment
July 2010 to September 2010
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

RECEIVED

AUG 12 2010

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

SWP392-11

8-12-10
Jm

RECEIVED BY DEPT
FINANCIAL SERVICES
2010 AUG 12 AM 10:58

July 1, 2010 through June 30, 2011

City of Havre - Minor Class III Burn Site
License #392

Total Fees Due: \$ 600.00

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **April 30, 2011**

4th Quarter Payment
April 2011 to June 2011
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre

3rd Quarter Payment

THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501

32686

93-134/929

DATE

WARRANT NO.

08/03/10

COPY

X- - - - 10631

CLAIMS WARRANT

PAY THIS AMOUNT

\$600.00

PAY

Six Hundred Dollars and Zero Cents

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

032686 0929013401 30891

Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-11

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License # 392
Please Remit Payment by **July 31, 2010**

1st Quarter Payment
July 2010 to September 2010
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

AUG 12 2010

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

Please return this slip with 1st Qtr Payment

SWP392-11
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

Show Back	<< Rotate	Rotate >>	+	-	Close Window
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THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

INDEPENDENCE BANK
HAVRE, MT 59501
30934
03-134/829
DATE 08/04/09
WARRANT NO.

CLAIMS WARRANT
PAY THIS AMOUNT
\$600.00

PAY Six Hundred Dollars and Zero Cents

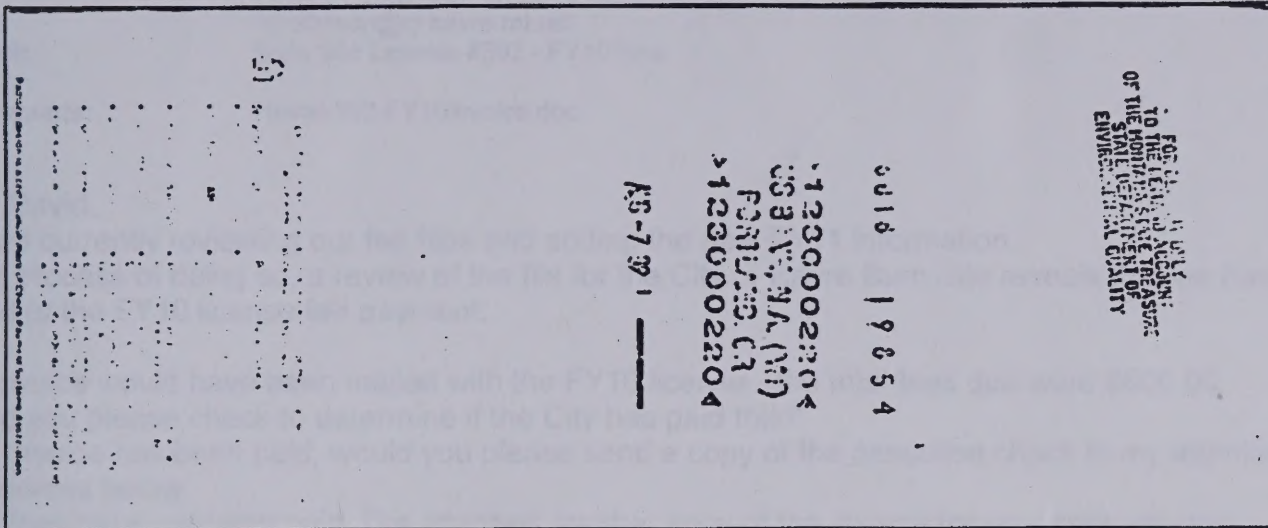
WILL MT DEPT OF ENVIRONMENTAL QUALITY
PAY PO BOX 200901
TO HELENA MT 59620

Mayor Robert E. Puri
Clerk Shelly J. Smeaton

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆030934⑆ ⑆092901340⑆ 30891⑆ ⑆0000060000⑆

9-15-10
gh



Mell 9-10-10
Hendrickson, Mary

From: Hendrickson, Mary
Sent: Friday, September 10, 2010 10:22 AM
To: 'dpeterson@ci.havre.mt.us'
Subject: Burn Site License #392 - FY10 fees
Attachments: Havre-392-FY10invoice.doc

Hello David,

We are currently reviewing our fee files and adding the new FY11 information.

In the process of doing so, a review of the file for the City of Havre Burn Site reveals that we have no record of the FY10 license fee payment.

The invoice would have been mailed with the FY10 license - the total fees due were \$600.00.

Would you please check to determine if the City has paid this?

If the invoice has been paid, would you please send a copy of the cancelled check to my attention at the address below.

If the fees have not been paid, I've attached another copy of the invoice for your convenience.



Havre-392-FY10inv
oice.doc (34 ...)

Please do not hesitate to contact me if you have any questions.

Thanks very much David,

Mary

Mary Louise Hendrickson
Solid Waste Section - Licensing
Montana DEQ - WUTMB
PO Box 200901
Helena, MT 59620-0901
phone: 406-444-1808
fax: 406-444-1374

Handy, Janet

From: Dorris, Kristen
Sent: Tuesday, September 14, 2010 2:52 PM
To: Frankforter, Rebecca
Cc: Kelly, Denise; Murray, Mary; Hendrickson, Mary; Handy, Janet
Subject: Solid Waste FY10 License Fee payment
Importance: High
Follow Up Flag: Follow up
Flag Status: Flagged

Hi Becky, we missed you at this morning's budget meeting...

Anyhoo, would you please request FS process a prior year adjustment to correct this miscoded deposit?

The \$600 license fee should have been deposited into:

Solid Waste Landfill Fees, revenue account 506001

Fund 02157

Org 575602

Let me know if you have questions or need anything more from me.

Thanks! Kristen

From: Hendrickson, Mary
Sent: Tuesday, September 14, 2010 2:39 PM
To: Dorris, Kristen
Cc: Murray, Mary
Subject: FW: FY10 License Fee payment

Hello Kristen,

Please see the email (below) from David Peterson regarding the City of Havre's payment of the FY10 solid waste license fee for license #392.

The fee was incorrectly applied to the Air program when it was received last year.

Please let me know if you need anything else.

Thank-you Kristen - I continue to appreciate your efforts to resolve these sorts of issues :o)
 -mary-

From: David Peterson [mailto:dpeterson@ci.havre.mt.us]
Sent: Tuesday, September 14, 2010 1:41 PM
To: Hendrickson, Mary
Subject: RE: FY10 License Fee payment

Mary - The \$600 payment made by the City of Havre, Warrant #30934 is for the annual license fee for the City of Havre Solid Waste Management License #392.

Thanks,

9/14/2010

Dave Peterson

Public Works Director
City of Havre
406 265-4941

From: Hendrickson, Mary [mailto:MHendrickson@mt.gov]

Sent: Tuesday, September 14, 2010 1:11 PM

To: David Peterson

Subject: FY10 License Fee payment

Hello David,

As follow-up to our email communications the end of last week.....

Our investigation into the posting of the payment for the FY10 City of Havre Burn Site license shows that the payment was incorrectly applied to the to the Air Program, not to the Solid Waste Program.

To provide our Fiscal Program with authority to transfer the payment from the Air Program to the Solid Waste Program, would you please verify that warrant number 30934 in the amount of \$600.00 is for the annual license fee for the City of Havre solid waste management system license #392?

You may provide verification by simply responding to this email with an affirmative.

Thank-you David,

Mary

Mary Louise Hendrickson
Solid Waste Section - Licensing
Montana DEQ - WUTMB
PO Box 200901
Helena, MT 59620-0901
phone: 406-444-1808
fax: 406-444-1374

From: Hendrickson, Mary

Sent: Friday, September 10, 2010 3:46 PM

To: 'David Peterson'

Subject: RE:

This should do it

Thanks so much David - I appreciate this!

Mary

Mary Louise Hendrickson
Solid Waste Section - Licensing
Montana DEQ - WUTMB
PO Box 200901
Helena, MT 59620-0901

9/14/2010

phone: 406-444-1808

fax: 406-444-1374

From: David Peterson [mailto:dpeterson@ci.havre.mt.us]

Sent: Friday, September 10, 2010 2:10 PM

To: Hendrickson, Mary

Subject: FW:

Let's try this one and see if this is what you're looking for

Thanks,

Dave Peterson

9/14/2010

July 1, 2008 through June 30, 2009

City of Havre Class III Burn Site - Minor
License #392

RECEIVED

8-11-08
Total Fees Due: \$ 600.00

City of Havre
Solid Waste Management License #392
Please Remit Payment by **April 30, 2009**

AUG 11 2008

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

4th Quarter Payment
April 2009 to June 2009
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392-09

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by **January 31, 2009**

3rd Quarter Payment
January 2009 to March 2009
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392-09

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by **October 31, 2008**

2nd Quarter Payment
October 2008 to Dec 2008
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-09

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by **July 31, 2008**

1st Quarter Payment
July 2008 to September 2008
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-09

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

July 1, 2008 through June 30, 2009

City of Havre Class III Burn Site - Minor
License #392

Total Fees Due: \$ 600.00

City of Havre
Solid Waste Management License #392
Please Remit Payment by **April 30, 2009**

4th Quarter Payment
April 2009 to June 2009
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392-09
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by **January 31, 2009**

3rd Quarter Payment
January 2009 to March 2009
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392-09
Solid Waste Fees: Fund 02157 Org Unit 575602 Acct #506001

THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

PAYABLE THRU
STOCKMAN BANK
HAVRE, MT 59501

28872

93-524/929

DATE

WARRANT NO.

08/05/08

COPY

-----8401

CLAIMS WARRANT

PAY THIS AMOUNT

\$600.00

Six Hundred Dollars and Zero Cents

PAY

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈028872⑈ ⑆092905249⑆ 1210000008⑈

Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Fiscal Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-09
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

July 1, 2007 through June 30, 2008

City of Havre
License #392

Minor Class III Burn Site

Total Fees Due: \$ 600.00

City of Havre
Solid Waste Management License #392
Please Remit Payment by **April 30, 2008**

4th Quarter Payment
April 2008 to June 2008
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392-08

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by **January 31, 2008**

3rd Quarter Payment
January 2008 to March 2008
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392-08

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by **October 31, 2007**

2nd Quarter Payment
October 2007 to Dec 2007
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-08

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by **July 31, 2007**

1st Quarter Payment
July 2007 to September 2007
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-08

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

July 1, 2007 through June 30, 2008

City of Havre
License #392

Total Fees Due: \$ 600.00

8-12-07
RECEIVED
Minor Class III Burn Site

AUG 10 2007

Dept. of Enviro. Quality
Waste & Underground
Management Bureau

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

4th Quarter Payment
April 2008 to June 2008
Amount Due: \$ 150.00

City of Havre
Solid Waste Management License #392
Please Remit Payment by April 30, 2008

Please return this slip with 4th Qtr Payment

SWP392-08
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

3rd Quarter Payment

THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

PAYABLE THRU
STOCKMAN BANK
HAVRE, MT 59501
93-524/929

27073

DATE 08/07/07
WARRANT NO.

CLAIMS WARRANT

PAY THIS AMOUNT

\$600.00

Six Hundred Dollars and Zero Cents

PAY

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

Robert E. Ricci
Donally J. Swanson

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈027073⑈ ⑆092905249⑆ 1210000008⑈

Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-08

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392
Please Remit Payment by July 31, 2007

1st Quarter Payment
July 2007 to September 2007
Amount Due: \$ 150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-08
Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

8-10-06
July 1, 2006 through June 30, 2007

RECEIVED

AUG 10 2006

City of Havre
License #392 Burn Site

Total Amount Due: \$608.00

2006 AUG -9 A 10:22
Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

City of Havre
Solid Waste Management License #392

4th Quarter Payment

April 2007 to June 2007

Please Remit Payment by April 30, 2007

Amount Due: \$152.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392-07

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

3rd Quarter Payment

January 2007 to March 2007

Please Remit Payment by January 31, 2007

Amount Due: \$152.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392-07

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

2nd Quarter Payment

October 2006 to December 2006

Please Remit Payment by October 31, 2006

Amount Due: \$152.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-07

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

1st Quarter Payment

July 2006 to September 2006

Please Remit Payment by July 31, 2006

Amount Due: \$152.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-07

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

THE TREASURER OF THE CITY OF HAVRE

PO BOX 231
HAVRE, MONTANA 59501

PAYABLE THRU
STOCKMAN BANK
HAVRE, MT 59501

25287

93-524/929

DATE

WARRANT NO.

08/08/06

CLAIMS WARRANT

PAY THIS AMOUNT

\$608.00

PAY

Six Hundred Eight Dollars and Zero Cents

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

COPY

Mayor

Clerk

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

025287 092905249 1210000008

City of Havre
Solid Waste Management License #392

3rd Quarter Payment
January 2007 to March 2007

Please Remit Payment by **January 31, 2007**

Amount Due: \$152.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392-07

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

2nd Quarter Payment
October 2006 to December 2006

Please Remit Payment by **October 31, 2006**

Amount Due: \$152.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392-07

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

1st Quarter Payment
July 2006 to September 2006

Please Remit Payment by **July 31, 2006**

Amount Due: \$152.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392-07

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

7-8-05 Jh
RECEIVED

July 1, 2005 through June 30, 2006

JUL 08 2005

Dept. of Enviro. Quality
Waste & Underground
Tank Management Bureau

City of Havre
License #392 Burn Site

Total Amount Due: \$600.00

City of Havre
Solid Waste Management License #392

4th Quarter Payment
April 2006 to June 2006

Please Remit Payment by **April 30, 2006**

Amount Due: \$150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392*06

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

3rd Quarter Payment
January 2006 to March 2006

Please Remit Payment by **January 31, 2006**

Amount Due: \$150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392*06

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

2nd Quarter Payment
October 2005 to December 2005

Please Remit Payment by **October 31, 2005**

Amount Due: \$150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 2nd Qtr Payment

SWP392*06

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

1st Quarter Payment
July 2005 to September 2005

Please Remit Payment by **July 31, 2005**

Amount Due: \$150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59620-0901

Please return this slip with 1st Qtr Payment

SWP392*06

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

July 1, 2005 through June 30, 2006

City of Havre
License #392 Burn Site

Total Amount Due: \$600.00

City of Havre
Solid Waste Management License #392

4th Quarter Payment
April 2006 to June 2006

Please Remit Payment by April 30, 2006

Amount Due: \$150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 4th Qtr Payment

SWP392*06

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

3rd Quarter Payment
January 2006 to March 2006

Please Remit Payment by January 31, 2006

Amount Due: \$150.00

To: MT Dept. of Environmental Quality
Centralized Services Division
P.O. Box 200901
Helena MT 59602-0901

Please return this slip with 3rd Qtr Payment

SWP392*06

Solid Waste Fees; Fund 02157, Org Unit 575602, Acct #506001

City of Havre
Solid Waste Management License #392

2nd Quarter Payment
October 2005 to December 2005

THE TREASURER OF THE CITY OF HAVRE
PO BOX 231
HAVRE, MONTANA 59501

PAYABLE THRU
STOCKMAN BANK
HAVRE, MT 59501

23281

93-524/929

DATE WARRANT NO.

07/06/05

CLAIMS WARRANT

PAY THIS AMOUNT

Six Hundred Seventy Dollars and Zero Cents

\$670.00

PAY

WILL
PAY
TO

MT DEPT OF ENVIRONMENTAL QUALITY
PO BOX 200901
HELENA MT 59620

Mayor

Clerk

Robert E. Puci
Donna J. Swanson

0023281 0929052491210000008

Solid Waste Fees, Fund 02157, Org Unit 575602, Acct #506001

